

EASTERN DISTRICT OF CALIFORNIA.

GUILLERMO TRUJILLO CRUZ,

PLAINTIFF,

VS.

M. GONZALEZ, ET. AL, & MC

DENIZEL, ET. AL,

DEFENDANTS,

BY

CLERK U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

DEPUTY CLERK

CASE NO.

1:22CV00177 BAK(PC)

" CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C

1983, FOR MONED DAMAGES AND JURY TRIAL

DEMAND."

FILED

FEB 10 2022

RECEIVED

FEB 10 2022

CLERK U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY 02 DEPUTY CLERK

JURISDICTION :

I PLAINTIFF, GUILLERMO TRUJILLO CRUZ, BRING THIS CIVIL RIGHTS ACTION PURSUANT
TO 42 U.S.C. 1983, UNNECESSARY USE OF FORCE, RETALIATION, AND MY DENIAL OF MEDICAL
TREATMENT IN VIOLATION OF THE EIGHT, FIRST AND THE DUE PROCESS CLAUSE OF THE
FOURTEENTH AMENDMENT RIGHTS OF THE UNITED STATES CONSTITUTION. THE INCIDENT
OCCURRED AT KERN VALLEY STATE PRISON (K.V.S.P), ADMINISTRATIVE SEGREGATION UNIT
2 (A.S.U 2), E-P03, CELL # 152. THIS COURT HAS JURISDICTION OVER THIS ACTION
PURSUANT TO 28 U.S.C. 1331 AND 1334 (a)(3). THIS COURT ALSO HAS SUPPLEMENTAL
JURISDICTION OVER PLAINTIFFS, STATE-LAW CLAIMS PURSUANT TO 28 U.S.C. 1367, UNDER
FEDERAL RULE OF CIVIL PROCEDURE 3B(b), AND ALSO HAS JURISDICTION TO A JURY TRIAL.

VENUE :

THE EASTERN DISTRICT OF CALIFORNIA IS THE APPROPRIATE VENUE UNDER 28 U.S.C. 1391
(b)(2) BECAUSE ITS WHERE THE EVENTS OR OMISSIONS GIVING RISE TO THE CLAIM OCCURED
IN THIS DISTRICT.

PARTIES :

I PLAINTIFF, GUILLERMO TRUJILLO CRUZ, ARRIVED HERE AT KERN VALLEY STATE PRISON
(K.V.S.P) ON FRIDAY, FEBRUARY 03, 2021 FROM PELICAN BAY STATE PRISON (P.B.S.P) FOR
OUT-TO-COURT PROCEEDINGS ON CASE NO # DFO12064(A). AT ALL TIMES RELEVANT TO THIS
ACTION PLAINTIFF CONTINUED TO BE HOUSED AT (KVSP) A.S.U 2 WHICH IS LOCATED IN
DELANO, CALIFORNIA.



DEFENDANT, M. GONZALEZ, IS A CORRECTIONAL OFFICER WHO IS EMPLOYED WITH THE DEPARTMENT OF CORRECTIONS & REHABILITATION (C.D.C.R.) WHO AT ALL TIMES RELEVANT TO THIS ACTION HELD THE RANK OF LANDING FLOOR OFFICER AT (K.V.S.P) AD-SEG UNIT 2 (A.S.U.2.)

WITNESSES, ARE CORRECTIONAL OFFICERS C. DAVIS, J. PEREZ, K. NIZAMI, AND OFFICER R. HUSLEY WHO ARE EMPLOYED WITH THE DEPARTMENT OF CORRECTIONS & REHABILITATION (C.D.C.R.) WHO AT ALL TIMES RELEVANT TO THIS ACTION HELD THE RANK OF LANDING FLOOR OFFICER AT (K.V.S.P) AND WERE ON DUTY ON SUNDAY, APRIL 11, 2021, THIRD WATCH SHIFT. ASSISTING OFFICER M. GONZALEZ, WITH UNLOCKING FOOT PORT TRAY SLOTS FOR LAUNDRY PICK UP AND PASS OUT.

DEFENDANT, (LVN) MCDANIEL, IS A CORRECTIONAL NURSE WHO IS EMPLOYED FOR THE DEPARTMENT OF CORRECTIONS & REHABILITATION (C.D.C.R.) WHO AT ALL TIMES RELEVANT TO THIS ACTION HELD THE RANK OF (LVN) AND WAS ON DUTY SUNDAY, APRIL 11, 2021, AT KERN VALLEY STATE PRISON (K.V.SP) AD-SEG UNIT 2.

EACH DEFENDANT, LISTED ABOVE IS BEING SUED IN THEIR OFFICIAL AND INDIVIDUAL CAPACITIES. EACH DEFENDANT ACTED UNDER THE COLOR OF STATE LAW.

" " " " " "
THREE-STRIKE PROVISION:

I, PLAINTIFF, GUILLERMO TRUJILLO CRUZ, ~~HERE~~ BRINGS THIS LAWSUIT UNDER THE THREE-STRIKE PROVISION RULE PURSUANT TO 28 U.S.C. 1915(g). SECTION 1915(g) PROVIDES THAT: IN NO EVENT SHALL A PRISONER BRING A CIVIL ACTION OR APPEAL... UNDER THIS SECTION HAS ON 3 OR MORE PREIOR OCCASSIONS, WHILE INCARCERATED OR DETAINED IN ANY FACILITY, BROUGHT AN ACTION OR APPEAL IN A COURT OF THE UNITED STATES THAT WAS DISMISSED ON THE GROUND THAT ITS FRIVOLOUS, MALICIOUS, OR FAILS TO STATE A CLAIM UPON WHICH RELIEF MAY BE GRANTED UNLESS THE PRISONER IS UNDER " IMMINENT DANGER OF SERIOUS PHYSICAL INJURY PURSUANT TO 28 U.S.C. 1915(g).

HERE IN THIS MATTER THE CLERKS OF COURTS HAVE NOTICE NUMEROUS OF CASES THAT HAVE BEEN DISMISSED : (1). TRUJILLO VS. SHERMAN, CASE NO# 1:14-CV-00975-SAB DISMISSED ON JANUARY 06, 2016 FOR FAILURE TO STATE A CLAIM, (2). TRUJILLO VS. RUIZ, CASE NO# 1:14-CV-001401-DAM DISMISSED ON APRIL 25, 2015 FOR FAILURE TO STATE A CLAIM, (3). TRUJILLO VS. GONZALEZ-MORAN, CASE NO# 17-15200 (9TH CIR.) DISMISSED AS FRIVOLOUS ON AUGUST 21, 2017, (4). TRUJILLO VS. GOMEZ, CASE NO# 1:15-CV-0859-EPG DISMISSED ON FEBRUARY 03, 2017 FOR FAILURE TO STATE A CLAIM, (5). TRUJILLO VS. GOMEZ, CASE NO# 1:14-CV-1797-JAD-DLS DISMISSED ON AUGUST 05, 2016 FOR FAILURE TO STATE A CLAIM.

THEREFORE, I PLAINTIFF, GUILLERMO TRUJILLO CRUZ, SUBMITS MY WRITTEN ORAL ARGUMENT THAT ON APRIL 08, 2021 AND APRIL 11, 2021, DID MEET THE IMMINENT DANGER "EXCEPTION AT THE TIME OF THE FILING BEHIND DEFENDANT, M. GONZALEZ, VERBAL THREATS TOWARDS ME OF WANTING TO COMMIT A BATTERY UPON ME THE DAY I TRANSFER BACK TO PELICAN BAY STATE PRISON ONCE I PLAINTIFF, IS FINISH WITH OUT-TO-COURT PROCEEDING ON CASE NO# DF012066 A. DEFENDANT, M. GONZALEZ, WANTS THE ASSAULT DONE AT RELEASE & RECEIVING (R&R) HOLDING CELLS ON RETALIATION, VENGENCE, AND VENGETTA FOR FILING 602 GRIEVANCES AGAINST HER AND PRIOR LAWSUITS IN THE PAST. SECONDLY, LIKE TO NOTE THAT THIS HAS NOT BEEN THE FIRST BATTERY COMMITTED AGAINST ME BY DEFENDANT, M. GONZALEZ, WHICH SHOWS AN ON GOING PATTERN OF ON GOING PHYSICAL INJURIES. THE FIRST ASSAULT BY DEFENDANT, M. GONZALEZ, OCCURED FROM FEBRUARY 2021 OR MARCH 2021 BY THE USE OF HER MECHANICAL RESTRAINTS (HANDCUFFS) TO CAUSE BRAKAGE OF SKIN TO WRIST, BLEEDING, SEVERE PAIN, DISCOMFORT, SORENESS, AND EMOTIONAL DISTRESS. THE SECOND ASSAULT BY DEFENDANT, M. GONZALEZ, OCCURED ON SUNDAY, APRIL 11, 2021 BY SLAMMING CELL# 152 DOOR FOOD PORT TRAY SLOT MALICIOUSLY AND SADISTICALLY WITH FULL FORCE AGAINST RIGHT AND LEFT HAND DURING LAUNDRY PASS OUT CAUSING DISCOMFORT, SEVERE PAIN, SORENESS, SWELLING, BREAKAGE OF SKIN TO INDEX FINGER, MIDDLE FINGER, AND PINKY KNUCKLE WHICH CAUSE SEVERE PAIN, SORENESS, BLEEDING,

BRUISING, AND SEVERE EMOTIONAL DISTRESS. FINALLY, ON THURSDAY, APRIL 08, 2021, KERN VALLEY STATE PRISON (K.V.S.P) INSTITUTIONAL GANG INVESTIGATION UNIT (IGI) CORRECTIONAL SERGEANT R. OLIVAREZ, SERVED ME WITH A C.D.C.R 12B-B CHRONO REGARDING TO (SAFETY CONCERNS) INFORMATION INDICATING I PLAINTIFF, MR. TRUJILLO (AA-2974) MAY BE TARGETED FOR AN ASSAULT BY MEMBERS/OR ASSOCIATES OF THE MEXICAN MAFIA SECURITY THREAT GROUP-1 (STG-1) IF HOUSED ON ANY GENERAL POPULATION (GP) FACILITY. I BELIEVE AND KNOW THAT SERGEANT R. OLIVAREZ, PERSONALLY WITH DEFENDANT, M. GONZALEZ, AND CO-WORKERS PERSONALLY FABRICATED THESE FALSE MISLEADING STATEMENTS AND STORY TO TRY AND COVER UP THEIR ASSAULT THAT THEY WANTED ACCOMPLISH UPON MY PERSON AND NOT FACE LIABILITY TO THE INJURIES I MIGHT OF SUSTAINED BEHIND THE BEATEN I WOULD OF TAKENED. THIS PARTICULAR 12B-B CHRONO DATED: THURSDAY, APRIL 08, 2021 AUTOMATICALLY GIVES MORE WEIGHT TO THE IMMINENT DANGER OF SERIOUS PHYSICAL INJURY PURSUANT TO 28 U.S.C. 1915(g) NOW THAT I PLAINTIFF, MR. TRUJILLO, IS BACK AT PELICAN BAY STATE PRISON DUE TO BEING DONE WITH OUT-TO-COURT PROCEEDINGS PRISON OFFICIALS HERE AT (P.B.S.P) ARE NOW FOLLOWING THE SAME PATTERN OF VERBAL THREATS. SEE ATTACHED ALL C.D.C.R 602 GRIEVANCES THAT SUPPORTS THESE CLAIMS AS EXHIBITS (B).

FACTUAL ALLEGATIONS:

ON SUNDAY, APRIL 11, 2021 AT APPROX 3:30 P.M. DEFENDANT, M. GONZALEZ, WAS ON DUTY WORKING A 16 HOUR SHIFT (OVERTIME). WHEN SHE AND HER COWORKERS C. DAVIS, K. NIZAMI, AND I. PEREZ, STARTED UNLOCKING E-POD CELL DOORS FOOD PORT TRAY SLOTS FOR LAUNDRY PASS OUT. AT THAT POINT DEFENDANT, M. GONZALEZ, APPROACHED PLAINTIFFS, TRUJILLO'S, ASSIGNED CELL #152 THAT'S LOCATED IN AD-SEC UNIT 2, E-POD TO PICK UP DIRTY LAUNDRY AND PASS OUT CLEAN LAUNDRY. I PLAINTIFF, MR. TRUJILLO, IMMEDIATELY NOTICE HER PERSONALLY PROVIDE THE FOLLOWING STATE WHITE CLOTHING ONE T-SHIRT, ONE BOXER SHORTS, AND ONE WHITE TOWEL TO BE PROVIDE THE SAME EXACT CLOTHING IN TURN. I PLAINTIFF, IMMEDIATELY NOTICE NOTICE THAT THE CLOTHING OFFICER M. GONZALEZ, PROVIDE ME WAS (XL) TO SMALL

1 FOR ME AND EXPLAINED TO HER THAT I NEEDED A BIGGER SIZE (4XL) WHILE I WAS HOLDING
 2 CLOTHING ROLL AGAINST THE CELL FOOD PORT TRAY SLOT DOOR FRAME. AT THAT POINT
 3 OFFICER M. GONZALEZ, (DEFENDANT) BECAME AGGRAVATED AND VERY UP SET TO MY
 4 REQUEST TO BE PROVIDED WITH A BIGGER SIZE OF CLOTHING. AT THAT POINT DEFENDANT,
 5 M. GONZALEZ, " " " " MALICIOUSLY AND SADISTICALLY SLAMMED CELL DOOR FOOD PORT TRAY
 6 SLOT DOOR AGAINST BOTH MY RIGHT AND LEFT HAND WITH FULL FORCE, NEVER DID
 7 OFFICER M. GONZALEZ, PROVIDED ME WITH VERBAL ORDERS TO MOVE CLOTHING ROLL
 8 AND HANDS AWAY FROM FOOD PORT TRAY SLOT. DEFENDANT, M. GONZALEZ, SLAMMED MY
 9 RIGHT AND LEFT HAND TWO OR THREE TIMES WITH CELL DOOR FOOD PORT TRAY SLOT AT
 10 HER FOURTH ATTEMPT TO SLAMMED MY HAND AGAIN, I QUICKLY MOVED MY HANDS AWAY
 11 FROM FOOD PORT TRAY SLOT WHICH LEFT THE STATE WHITE CLOTHING ROLL LAYING ON TOP
 12 OF THE FOOD PORT TRAY SLOT THAT HAD GOTTEN CAUGHT IN BETWEEN FOOD PORT TRAY SLOT
 13 AND ASSIGNED CELL # 152 DOOR FRAME. OFFICER M. GONZALEZ, THEN ALL UP SET OPEN
 14 THE FOOD PORT TRAY SLOT DOOR AND WITH HER RIGHT HAND TOSSED THE STATE WHITE
 15 CLOTHING ROLL THAT WAS LAYING ON TOP OF THE FOOD PORT TRAY SLOT FRAME BACK
 16 INSIDE MY CELL # 152 AND IMMEDIATELY WALKED AWAY FROM MY ASSIGNED CELL # 152
 17 BEFORE I COULD OF ASKED HER TO SPEAK TO THE LIEUTENANT OR SERGEANT ON DUTY ABOUT
 18 THE INCIDENT AND/OR REQUEST TO SPEAK TO (LVN) NURSE ON DUTY FOR MEDICAL TREAT-
 19 MENT.
 20

21
 22 SHORTLY, AFTER THE ASSAULT DEFENDANT, M. GONZALEZ, MADE HER FINAL ^{ROUTING} ~~REPORT~~ BANK CHECK
 23 OF ALL INMATES WELFARE THAT ARE HOUSE IN AD-SEG UNIT 2, E-POD. OFFICER M. GONZALEZ,
 24 STOP AT MY ASSIGNED CELL # 152. I PLAINTIFF, MR. TEWJELD, INFORMED HER IF CAN SPEAK
 25 TO LIEUTENANT/OR SERGEANT ON DUTY ABOUT THE ASSAULT AND TO SPEAK WITH (LVN)
 26 NURSE ON DUTY ABOUT MY INJURIES. WHERE DEFENDANT, M. GONZALEZ, IGNORED MY
 27 REQUEST AND JUST WALKED AWAY FROM MY CELL DOOR # 152.
 28

AFTER DEFENDANT, M. GONZALEZ, GOT DONE WITH HER LAST AND FINAL BANK CHECK OF ALL

1 INMATES WELFARE ON E-P.D. OFFICER C. DAVIS, (WITNESSES) STARTED HIS ROUTINE
 2 SECURE BANK CHECKS OF ALL INMATES ON E-P.D. I PLAINTIFF, MR. TRUJILLO,
 3 INFORMED HIM ABOUT THE ASSAULT THAT HAD OCCURED EARLIER THAT DAY BY DEFENDANT,
 4 M. GONZALEZ, I PERSONALLY ALSO INFORMED HIM THAT I NEED TO SPEAK TO LIEUTENANT
 5 OR SERGEANT ON DUTY REGARDING MY INJURIES TO HAVE PICTURES TAKEN AND SPEAK
 6 TO (LVN) NURSE ON DUTY BUT NEVER GOT THE OPPORTUNITY TO SPEAK TO EITHER ONE OF
 7 THEM. I, PLAINTIFF, WAS DENIED C.D.C.R. 602 GRIEVANCE THAT I REQUESTED FOR.

8
 9
 10 LATER THAT DAY ABOUT 4:30 P.M. /OR 5:00 P.M. THAT SAME DAY SUNDAY, APRIL 11, 2021,
 11 DURING CHOW PASS OUT AND UNLOCKING FOOD PORT FOR CHOW TO BE PASSED OUT AND LOCK
 12 UP FOOD PORTS AFTER TRAYS AND TRASH PICK UP OFFICER K. NIZAMI, WAS INFORMED BY
 13 ME ABOUT DEFENDANT, M. GONZALEZ, ASSAULT AND BATTERY TOWARDS ME WITH A STATE
 14 OBJECT FOOD PORT TRAY SLOT DOOR, DURING LAUNDRY PASS OUT AND REQUEST TO HIM IF
 15 I CAN SPEAK WITH THE LIEUTENANT /SERGEANT ON DUTY. I ALSO REQUESTED TO SEE (LVN)
 16 NURSE ON DUTY BECAUSE OF MY INJURIES I SUSTAINED EARLIER THAT DAY AND THAT
 17 I WAS FEELING DISCOMFORT, SEVERE PAIN, SORENESS, SWEELLING AND BREAKAGE OF
 18 SKIN TO INDEX FINGER, MIDDLE FINGER, AND PINKY KNUCKLE WHICH WAS BLEEDING
 19 AND ONCE AGAIN NEVER GOT THE CHANCE TO SPEAK TO EITHER STAFF ABOUT THE INCIDENT.

20
 21 OVER THE NEXT THREE (3) HOURS I, PLAINTIFF, MR. TRUJILLO, WAS CONFINED IN MY
 22 ASSIGNED CELL #152 THAT'S LOCATED ON E-P.D. I WAS CONTINUE TO REQUEST TO OFFICER
 23 C. DAVIS, K. NIZAMI, AND M. GONZALEZ DURING THEIR ROUTINE SECURE BANK CHECKS TO
 24 SPEAK WITH LIEUTENANT /OR SERGEANT AND (LVN) NURSE ON DUTY REGARDING THE
 25 INCIDENT AND INJURIES TO RIGHT HAND AND HAVE PICTURES TAKEN OF THE INJURIES
 26 WHICH MY REQUEST WAS DENIED.

27
 28 NIGHT
 ON SUNDAY, APRIL 11, 2021, RIGHT BEFORE SHIFT CHANGE (FIRST SHIFT) STAFF CAME ON
 DUTY OFFICER J. PEREZ, (WITNESS) WAS CONDUCTING HIS FINALLY BANK CHECKS BEFORE

1 10:00 P.M. I PLAINTIFF, PERSONALLY INFORMED OFFICER I. PEREZ (WITNESS) ABOUT
 2 THE INCIDENT AND INJURIES I SUSTAINED BEHIND DEFENDANT, M. GONZALEZ;
 3 UNLAWFUL MISCONDUCT. WERE I REQUESTED TO SPEAK TO LIEUTENANT / OR
 4 SERGEANT AND SEE (LVN) NURSE ABOUT MY INJURIES AND TO HAVE PICTURES TAKEN
 5 OF THE INJURIES BUT NEVER GOT THE OPPORTUNITY TO SPEAK TO EITHER ONE.

6
 7
 8 LATER ON THAT EVENING AT APPROX 7:00 P.M. / 8:00 P.M. I PLAINTIFF, GOT THE
 9 OPPORTUNITY TO SPEAK WITH (LVN) NURSE MCDANIEL, ABOUT THE INCIDENT AND
 10 INJURIES I SUSTAINED TO RIGHT HAND THAT TAKEN PLACE EARLIER THAT DAY. DEFENDANT,
 11 (LVN) MCDANIEL, ACTED UNCONCERN, AND UNCARRING TO MY MEDICAL NEEDS AND JUST
 12 PROVIDED ME WITH A TRIPPLE ANTIBIOTIC OINTMENT PACK AND REFUSED TO FILE
 13 A MEDICAL REPORT (C.D.C.R 7219) AND TO TAKE PICTURES OF THE INJURY'S. I HAD
 14 ALSO ASKED IF I CAN SPEAK TO LIEUTENANT / OR SERGEANT ON DUTY THAT EVENING
 15 WHICH I WAS ALSO DENIED.

16
 17 THE FOLLOWING DAY MONDAY, APRIL 12, 2021 AFTER YARD RECALL OFFICER: I, PEREZ,
 18 WAS ESCORTING ME BACK TO MY ASSIGNED CELL # 152 THAT'S LOCATED IN AD-SEG UNIT 2,
 19 E-POD. I HAD ASKED OFFICER I. PEREZ, IF HE HAD INFORMED LIEUTENANT / OR
 20 SERGEANT ABOUT THE ASSAULT BY OFFICER M. GONZALEZ, (DEFENDANT) DATED: APRIL 11,
 21 2021. OFFICER I. PEREZ, THEN STATED TO ME THAT HE HAD NOT INFORMED OR REPORT MY
 22 REQUEST TO EITHER HIGHER RANK OFFICER ON DUTY BECAUSE ACCORDING TO HIM HE
 23 FELT THAT THE ASSAULT / AND BATTERY WAS NOT THAT SERIOUS TO HIM. BASICALLY LET
 24 THING ME KNOW THAT HE HAD (WITNESS) THE INCIDENT AND KNEW ABOUT THE INCIDENT
 25 THE HOLE TIME. TURNING A BLIND EYE TO THE BATTERY COMMITTED BY DEFENDANT, M.
 26 GONZALEZ. THERE IS VIDEO FOOTAGE OF OFFICER I. PEREZ ESCORT BACK INTO ASU 2
 27 ASSIGN CELL # 152 ESCORT OF ME. THAT CAN BE OBTAIN BY KERN VALLEY STATE PRISON
 28 (K.V.S.P) INVESTIGATION UNIT STAFF.

DEFENDANT, (LVN) MCDANNIEL, WAS AWARE ABOUT MY INJURIES IGNORED AND DENIED
 ME MY MEDICAL TREATMENT TO MY INJURIES: SEVERE PAIN, SORENESS, SWELLING, BREAKAGE
 OF SKIN TO INDEX FINGER, MIDDLE FINGER, AND PINKY KNUCKLE WHICH ALSO CAUSE A LOT
 OF EMOTIONAL DISTRESS. DEFENDANT, (LVN) MCDANNIEL, ALSO FAILED TO REPORT
 THE INCIDENT AND FAILED TO COMPLETE A C.D.C.R 7219 MEDICAL REPORT, AND FAILED
 TO TAKE PICTURES OF MY INJURIES.

EXHAUSTION OF ADMINISTRATIVE REMEDIES:

I PLAINTIFF, GUILLERMO TRUJILLO CRUZ, EXHAUSTED MY ADMINISTRATIVE REMEDIES
 AS REQUIRED BY PRISON POLICY AND THE PLRA REQUIREMENT. SEE ATTACHED ALL
 C.D.C.R 602 GRIEVANCES AS EXHIBIT ().

CAUSE OF ACTIONS:

I PLAINTIFF, GUILLERMO TRUJILLO CRUZ, INCORPORATES PARAGRAPHS 1 THROUGH
 220 AS THEY ARE STATED FULLY HEREIN.

DEFENDANT, M. GONZALEZ, APRIL 08-09, 2019, DURING MORNING 2ND SHIFT AFTER CHOW
 AND TRAY PICK UP OFFICER M. GONZALEZ, OBSERVED ME CLEANING MY CELL #159 DOOR
 FOOD PORT TRAY SLOT AND IMMEDIATELY WALKED OVER TO MY ASSIGNED CELL #159 THAT'S
 LOCATED ON E-POD AND WITH OUT TELLING ME ANYTHING "MALICIOUSLY AND SADISTICALLY"
 SLAMMED FOOD PORT TRAY SLOT DOOR AGAINST MY RIGHT HAND CAUSING PAIN AND
 SWELLING TO THE RIGHT HAND PINKY KNUCKLE. WHEN PLAINTIFF, WAS NOT ACTING
 DISRUPTLY, BREAKING ANY PRISON RULES OR DISOBEYING ANY ~~SECRET~~ DIRECT ORDERS. VIOLATING
 PLAINTIFF, TRUJILLO'S, RIGHTS UNDER THE EIGHT AMENDMENT TO THE UNITED STATES
 CONSTITUTION AND CAUSE MR. TRUJILLO, SEVERE PAIN, SWELLING, BRUISING, PHYSICAL
 INJURY, AND EMOTIONAL DISTRESS.

DEFENDANT, M. GONZALEZ, "MALICIOUSLY AND SADISTICALLY AGAIN USED EXCESSIVE FORCE
 AGAINST I, PLAINTIFF, MR. TRUJILLO, ON APRIL 11, 2021 BY AGAIN SLAMMING CELL #152
 CELL DOOR FOOD PORT REPEATEDLY WHEN MR. TRUJILLO, WAS NOT VIOLATING ANY PRISON

1 RULE, NOR ACTING DISRUPTEDLY IN ANYWAY. DEFENDANT, M. GONZALEZ, ACTION
2 VIOLATED AND CONTINUE TO VIOLATE PLAINTIFFS, MR. TRUJILLO'S, RIGHT UNDER THE
3 EIGHT AMENDMENT TO THE UNITED STATES CONSTITUTION AND IS CAUSING PLAINTIFF,
4 PAIN, PHYSICAL INJURY AND EMOTIONAL DISTRESS.
5

6
7 DEFENDANT, M. GONZALEZ, ILLEGAL ACTION, FAILING TO CORRECT THAT MISCONDUCT
8 AND HER CONTINUATION OF HER MISCONDUCT, DEFENDANT, M. GONZALEZ, HAS CONTINUE
9 TO VIOLATE PLAINTIFFS, MR. TRUJILLO'S, RIGHTS UNDER THE EIGHT AMENDMENT TO
10 THE UNITED STATES CONSTITUTION, AND CAUSING PLAINTIFF, PAIN, PHYSICAL INJURY,
11 AND EMOTIONAL DISTRESS.
12

13 DEFENDANT, M. GONZALEZ, ILLEGAL ACTION'S OF USING EXCESSIVE FORCE, AND THREATS
14 FOR EXERCISING MY RIGHTS TO SEEK REDRESS FROM THE PRISON GRIEVANCE SYSTEM,
15 DEFENDANT, M. GONZALEZ, HAS CONTINUE TO RETALIATE AGAINST PLAINTIFF, MR.
16 TRUJILLO, UNLAWFULLY, IN VIOLATION OF PLAINTIFFS, MR. TRUJILLO'S, RIGHT
17 UNDER THE FIRST AMENDMENT TO THE UNITED STATES CONSTITUTION. THESE ILLEGAL
18 ACTION'S ARE CAUSING PLAINTIFF, MR. TRUJILLO, INJURY TO ^{MY} ~~THE~~ FIRST AMENDMENT
19 RIGHTS.
20

21 DEFENDANT, (LVN) NURSE MC DANIEL, WAS IN DELIBERATE INDIFFERENCE TO A SERIOUS
22 MEDICAL NEED OF TREATMENT TO MY INJURIES. IN VIOLATION OF MY RIGHTS UNDER THE
23 EIGHT AMENDMENT TO THE UNITED STATES CONSTITUTION FOR THE DENIAL OF MY
24 MEDICAL CARE WHEN PLAINTIFFS, INJURIES ARE CAUSING SEVERE PAIN, SWELLING,
25 BRUISING, AND UNNECESSARY WANTON INFLICTION OF PAIN.
26

27 PLAINTIFF, GUILLERMO TRUJILLO CRUZ, HAS NO PLAIN, EDAQUATE OR COMPLETE
28 REMEDY AT LAW TO REDRESS THE WRONGS DESCRIBED HEREIN. PLAINTIFF, MR. TRUJILLO,
HAS BEEN AND WILL CONTINUE TO BE IRREPARABLY INJURED BY THE CONDUCT OF THE

1 CONDUCT OF THE DEFENDANTS, UNLESS THIS COURT GRANTS THE DECLARATORY
2 RELIEF WHICH PLAINTIFF SEEKS.

3
4 PRAYER FOR RELIEF:

5 WHEREFORE, PLAINTIFFS MR. TRUJILLO, RESPECTFULLY PRAY THIS COURT ENTER
6 JUDGMENT:

7
8 GRANTING PLAINTIFF, MR. TRUJILLO, A DECLARATION THAT THE ACTS AND OMISSIONS
9 DESCRIBED HEREIN VIOLATES HIS RIGHTS UNDER THE CONSTITUTION AND LAWS OF
10 THE UNITED STATES, AND

11
12 ORDERING DEFENDANT, M. GONZALEZ, TO CEASE ^{HER} ~~THE~~ PHYSICAL VIOLENCE AND THREATS
13 TOWARDS PLAINTIFF, MR. TRUJILLO, AND

14
15 GRANTING PLAINTIFF, MR. TRUJILLO, COMPENSATORY DAMAGES IN THE AMOUNT
16 OF \$125,000 AGAINST EACH DEFENDANT, JOINTLY AND SEVERALLY

17
18 PLAINTIFF, MR. TRUJILLO, SEEKS COMPENSATORY DAMAGES OF \$25,000 AGAINST
19 DEFENDANT, (LVN) MC DANIEL ONLY.

20
21 PLAINTIFF, MR. TRUJILLO, SEEKS PUNITIVE DAMAGES IN THE AMOUNT OF \$125,000
22 AGAINST DEFENDANT, M. GONZALEZ.

23
24 PLAINTIFF, ALSO SEEKS A JURY TRIAL ON ALL ISSUES TRIABLE BY JURY,

25
26 PLAINTIFF, MR. TRUJILLO, ALSO SEEKS RECOVERY OF THEIR COSTS IN THIS SUIT, AND

27
28 ANY ADDITIONAL RELIEF THIS COURT DEEMS JUST, PROPER, AND EQUITABLE.



1 I PLAINTIFF, GUILLERMO TRUJILLO CRUZ, HAVE READ THE FOREGOING COMPLAINT
2 AGAINST BOTH DEFENDANTS, AND HEREBY VERIFY THAT THE MATTERS ALLEGED
3 THEREIN ARE TRUE, EXCEPT AS TO MATTERS ALLEGED ON INFORMATION AND BELIEF
4 AND, AS TO THOSE, I BELIEVE THEM TO BE TRUE. I CERTIFY UNDER PENALTY OF
5 PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.
6

7 EXECUTED AT DELANO, CALIFORNIA 93216. ON APRIL 30, 2021

8 
9

10 RESPECTFULLY SUBMITTED,
11 #AA-2974
12 GUILLERMO TRUJILLO CRUZ
13 PELICAN BAY STATE PRISON
14 P.O. BOX. 7500
15 CRESCENT CITY, CAL 95532
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CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

ADMINISTRATIVE SEGREGATION UNIT PLACEMENT NOTICE

INSTITUTION NAME KVSP-Central Service	INMATE'S NAME TRUILLO, GUILLERMO C.	CDC NUMBER AA2974
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REASON(S) FOR PLACEMENT (PART A)

- ☒ PRESENTS AN IMMEDIATE THREAT TO THE SAFETY OF SELF OR OTHERS
- ☐ JEOPARDIZES INTEGRITY OF AN INVESTIGATION OF ALLEGED SERIOUS MISCONDUCT OR CRIMINAL ACTIVITY
- ☒ ENDANGERS INSTITUTION SECURITY ☐ RETAINED IN ASU AS NO BED AVAILABLE IN GENERAL POPULATION

DESCRIPTION OF CIRCUMSTANCES WHICH SUPPORT THE REASON(S) FOR PLACEMENT:

On Friday, February 3, 2021, you, Inmate Guillermo Trujillo (AA2974) arrived at Kern Valley State Prison (KVSP) from Pelican Bay State Prison (PBS) due to out-to-court proceedings. A review of your Strategic Offender Management System (SOMS) file indicates you are on Maximum Custody Status and have an active Staff Separation Alert regarding Correctional Officer S. Savole currently employed here at KVSP. Therefore, to ensure your safety, the safety of the staff member, and the safety and security of the institution, you will remain in Administrative Segregation pending Administrative Review, the completion of your court proceedings and return back to your original institution. As a result of this placement, your custody level, privilege group, visiting status, and credit earning status may be subject to change.

Inmate Trujillo is not a participant in the Mental Health Delivery System at any level of care and his TABE score is 1.8.

☐ IF CONFIDENTIAL INFORMATION USED, DATE INFORMATION DISCLOSED:

DATE OF ASU PLACEMENT 02/03/2021	SEGREGATION AUTHORITY'S PRINTED NAME E. Contreras	SIGNATURE E. Contreras	TITLE Lieutenant
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DATE NOTICE SERVED	TIME SERVED 20:00:00	PRINTED NAME OF STAFF SERVING ASU PLACEMENT NOTICE	SIGNATURE	STAFF'S TITLE Lieutenant
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<input checked="" type="checkbox"/> INMATE REFUSED TO SIGN	INMATE SIGNATURE	CDC NUMBER AA2974
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ADMINISTRATIVE REVIEW (PART B)

The following to be completed during the administrative review by Captain or higher on the first working day following placement

STAFF ASSISTANT (SA)	INVESTIGATIVE EMPLOYEE (IE)
IS THIS INMATE:	
LITERATE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ASU IS FOR DISCIPLINARY REASONS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLASSIFICATION COMMITTEE CHRONO

Inmate Name: TRUILLO, GUILLERMO C.

Date: 02/23/2021

CDC#: AA2974

Date of Birth: 08/13/1980

Control Date: 09/06/2027

Control Date Type: Earliest Possible Release Date

Hearing Date: 02/25/2021

Hearing Type: Initial ASU; OTC/Return; ASU Extension; Other (See Committee Action Comments)

Committee Type: Institution Cls. Committee
(ASU/SHU/THU/PSU-ICC/DPU)

Correctional Counselor: A. Geary

STATIC CASE FACTORS

CRITICAL CASE FACTORS

CLINICIAN COMMENTS

Clinician Review: S is not a participant in the MHSDS at the GP level of care. S's interactions with staff appear to be appropriate. S's placement in alternative levels of care in the Mental Health Services Delivery System was considered and is not recommended. Per S's assigned clinician, S's mental health is unlikely to decompensate while retained in ASU. Present as a member of ICC was Dr. Boyd Bowman.

COMMITTEE ACTION SUMMARY

COMMITTEE ACTION 2/25/2021/ OTC /RET ASU/ASU EXT: REFER TO SHU CSR FOR A 90 DAY ASU EXT; RETAIN KVSP ASU PX S'S COURT PROCEEDINGS & RETURN TO PBSP UPON COMPLETION OF OTC; MAX CUST & WG/PG D1D EFF EST S/C; NO NDS.

COMMITTEE COMMENTS

CDC 114D REVIEW: S's CDC 114D is current and accurately documents the reasons for ASU placement. A review of the CDC 114D indicates the document was issued in sufficient detail and S was afforded all the due process requirements.

COMMITTEE NOTES: S was initially placed into Ad. Seg. on 2/3/2021 at KVSP due to arriving from NKSP /PBSP for court proceedings in Kern County. Specifically, S arrived for court proceedings in Kern County for court case and DF012066A as a defendant (noting RVR dated 10/29/2015 for Possession of a Weapon, Log# FA-14-10-035R). A further review of S's case factors notes; Truillo has an active Staff Separation at KVSP.

ICC elects to refer to retain S in ASU due to active Staff Separation Alerts at KVSP IV 180 GP. Upon completion of the court proceedings S will be eligible for transfer back to PBSP IV 180. S next court date is scheduled for 3/4/2021- Readiness trial and 3/15/2021 for trial. At this time, the length of S's court proceedings is unknown; Committee notes S's court proceedings are criminal in nature for RVR dated 4/17/2017 for Battery on Peace Officer, therefore ICC elects not to grant NDS at this time. Establish MAX custody D1D.

MEDICAL/MENTAL HEALTH STATUS: S's medical status has been reviewed and S has no housing restrictions. S is Full Duty/Medium Risk per MCC dated 2/23/2021. Per IHA dated 12/6/2017 S is at the GP mental health level of care.

CONFIDENTIAL FILE: Reviewed and noted. S's CDC Notification of death, serious illness, serious injury, Classification scoresheets and COSA /OSA have been reviewed and updated.

CELL REVIEW: Committee notes S is currently Single Cell status based on being the victim of a Battery on Inmate with a Weapon at SATF on 11/1/13 by 2 inmates whom entered his cell and stabbed him several times. S was also the victim of a Battery at HDSP on 8/11/16. PBSP-UCC determined S should remain single celled. Therefore, ICC elects to continue S on Single Cell status while housed in KVSP-ASU and Single Cell upon return to PBSP.

YARD REVIEW: Committee elects to place S on W/A yard.

CASE FACTORS: VIO Reviewed affixed by UCC on 8/27/13 due to Instant Offense. BPH: N/A; EPRD 11/29/2027.

PREA: S was interviewed during today's ICC and asked if S had any new, relevant information related to PREA which has come to light since S's intake interview. S stated that he did not.

EFFECTIVE COMMUNICATION: Assigned as staff assistant is C/O P. Medina, based on S's RL below 4.0. A pre-committee conference at cell front was conducted at least 24 hours prior to ICC. During pre-committee conference, effective communication was established by using simple English spoken clearly and slowly. S reiterated in his own words what was explained to him and appropriately answered questions asked of him. Effective communication was achieved based on S's manner and interaction which indicated he understood.

TO: OI A
 THE OFFICE OF INTERNAL AFFAIRS
 IN BAKERSFIELD.
 RECEIVED

OIA-1037-2019

JUN 11 2019

DEAR STAFF,

OIA-CENTRAL

OTA D A
 IN THE ABOVE DATE: APRIL 11, 2019. I FILED A

LETTER COMPLAINT AGAINST CORRECTIONAL OFFICER M.C. GONZALEZ, VERBAL
 THREATS AND BATTERY WITH AN OBJECT CELL DOOR FOOD PORT. IN

THIS MATTER AND ABOVE DATES: APRIL 08, 2019 AND APRIL 09, 2019

OFFICER M.C. GONZALEZ DURING HER MORNING SECOND SHIFT STARTED
 MAKING VERBAL THREATS ABOUT ME TO ANONYMOUS INMATES AT A.S.U. 2

FOOD BY TELLING THEM TO GET ME (BATTERED) OUT ON THE MAIN
 YARD. IN RETALIATION FOR FILING 602 GRIEVANCES AND LAWSUITS AGAINST

HER. THE FOLLOWING DAY APRIL 09, 2019 AGAIN DURING HER SECOND
 WATCH SHIFT AND HOW PASSED OUT AGAIN STARTED MAKING VERBAL

THREATS ABOUT ME, BUT THIS TIME SHE WAS INFORMING HER CO-
 WORKERS THAT WORK OBSERVATION TOWERS OUT ON THE MAIN YARD

(GUNNERS) THAT IF I BE INVOLVED IN ANY PHYSICAL ALTERCATION OR
 GROUP DISTURBANCE OUT ON THE MAIN YARD DO NOT WASTE ANY

TIME AND SHOOT ME WITH THE BLOCK GUN TO BREAK LEGS. THIS
 BECOMES OFFICER GONZALEZ, VIOLATION OF C.C.R. TITLE 15 SECTION

3004(b) RIGHTS AND RESPECT OF OTHERS. THAT SAME DAY APRIL 09, 2019
 AFTER HOW AND RAY PICK UP OFFICER M.C. GONZALEZ WAS

PICKING UP FOOD TRAYS WHEN SHE OBSERVE ME CLEANING MY
 CELL DOOR FOOD PORT DOOR AND IMMEDIATELY WALKED TO ASSIGNED CELL

#159 IN E-POD AND WITHOUT TELLING ME ANYTHING MALICIOUSLY
 AND SADISTICALLY SLAMMED THE FOOD PORT DOOR AGAINST MY

RIGHT HAND CAUSING PAIN AND SWELLING TO THE RIGHT PINKY KNUCLE.
 AFTER THE ABOVE INCIDENT I IMMEDIATELY INFORMED AND REPORTED

THE INCIDENT TO HER CO-WORKER CERVANTEZ AND MEDICAL NURSE
 MRS. ORTIZ. WHERE BOTH OFFICER CERVANTEZ AND NURSE ORTIZ

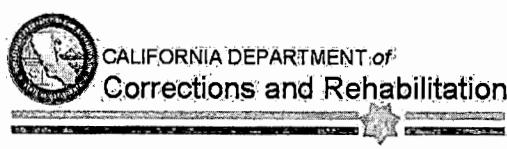
REFUSE TO PROVIDE ME WITH MEDICAL ATTENTION NOR REPORT

THE INCIDENT TO SGT. FLORES OR LT. STRANDER TO COVER UP
 HER UNLAWFUL MISCONDUCT. LATER THAT SAME DAY I ASK OFFICER
 M. GONZALEZ AND HER CO-WORKERS FOR A GRIEVANCE TO
 FILE A COMPLAINT AND DENIED ME THE FORMS REQUESTED.
 VIOLATION OF C.C.R TITLE 15 SECTION 3084.1 RIGHT TO APPEAL (a)(d)
 THEREFORE, REWRITE YOUR INVESTIGATION UNIT STAFF TO QUESTION
 ABOUT IF THEIR WAS EVER AN INVESTIGATION CONDUCTED ABOUT
 OFFICERS M. GONZALEZ, CERVANTES AND NORSE ORTIZ UNLAWFULL
 MISCONDUCT AND NOT REPORTING THE INCIDENT TO THEIR RANK
 OFFICERS ON DUTY.
 I'M TRULY Hoping TO HEAR FROM YOUR INVESTIGATION UNIT STAFF
 REGARDING TO PRISON OFFICIALS UNLAWFULL MISCONDUCT.

DATED: JUNE 06, 2019

SEE ENCLOSE PHOTO COPY
 AS EXHIBIT AND SUPPORTING
 DOCUMENTS.

RESPECTFULLY,
 GUILLERMO TRUJILLO #A 2971
 NORTH KERN STATE PRISON
 P.O. BOX 4999
 DELAND, CAL 93216



CLAIMANT APPEAL CLAIMS DECISION RESPONSE

Re: Appeal Claims Decision Response

Offender Name: TRUILLO, GUILLERMO C
CDC#: AA2974
Current Location: PBSP-Facility B

Date: 12/08/2021
Current Area/Bed: B 003 1 - 116001L

Log #: 000000166798

Claim # 001

Institution/Parole Region of Origin: Pelican Bay State Prison
Facility/Parole District of Origin: PBSP-Facility B
Housing Area/Parole Unit of Origin:
Category: Offender Safety and Security
Sub-Category: Use of Force

I. ISSUE ON APPEAL

You are appealing the Office of Grievances' rejection of this claim as untimely.

II. RULES AND REFERENCES

A. CONTROLLING AUTHORITY

Title 15, subsections 3482(b) and 3487(a)(1).

B. DOCUMENTS CONSIDERED

CDCR Form 602-1 and 602-2.

III. REASONING AND DECISION

The Office of Appeals finds that this claim was properly rejected as untimely. This claim concerns your contention that Kern Valley State Prison lost a grievance you submitted on or about April 11, 2021. Pursuant to Title 15, subsection 3483(f), the Office of Grievances is required to send you a grievance acknowledgement letter within 14 calendar days of receiving a grievance. Since you did not receive a grievance acknowledgement letter within 14 calendar days, it is reasonable to conclude that you were aware of this issue on or about April 25, 2021. Yet, you did not submit this claim until September 20, 2021. You should have submitted your claim on or by May 24, 2021 to meet the 30-calendar day time limit set forth in Title 15, sections 3482(b) and 3487(a)(1). Therefore, this claim is denied.

It is also important to note that although this claim was appropriately rejected as untimely, Pelican Bay State Prison also reassigned this claim to Kern Valley State Prison since this issue occurred at Kern Valley State Prison. Records reflect that Kern Valley State Prison rejected this same claim as untimely under log numbers 168160 and 172720, and you had the ability to appeal those rejections with this office.

IV. REMEDY

Your claim has been denied. Therefore, there is no applicable remedy.

Decision: Denied

After a thorough review of all documents and evidence available at the time of this written decision, it is the order of the Office of Appeals that this claim is denied. This decision exhausts the administrative remedies available to the claimant within CDCR.

Staff Signature	Title	Date/Time
C. Rojas [ROCY016]	AW	12/07/2021

STATE OF CALIFORNIA

APPEAL OF GRIEVANCE

CDCR 602-2 (03/20)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 2

STAFF USE ONLY

Appeal #: _____ Date Received: _____
Date Due: _____
Categories: _____
Grievance #: 1106798

Claimant Name: GILLERMO TRUJILLO CRUZ CDCR #: #AA-2974

Current Housing/Parole Unit: EB-B5-205 Institution/Facility/Parole Region: P.B.S.P

☐ There are no claims that can be appealed.

☐ The following claims cannot be appealed:

Claim #s:

REC BY COA
OCT 13 2021

This is the process to appeal the decision made regarding a claim that is not listed above.

Claim #: # 1

Explain the reason for your appeal of any claims not listed above. Be as specific as you can.

I am dissatisfied with the response I was given because THIS PARTICULAR C.D.C. 602 IS REGARDING TO THE
DELAYED OR LOST APPEAL DATED: APRIL 11, 2021. SECONDLY, LIKE TO NOTE THAT EVERY MONTH AFTER APRIL
11, 2021 I CONTINUE TO SUBMIT A NEW C.D.C. 602 TO TRACK DOWN THE ORIGINAL DELAYED OR LOST APPEAL
TO KUSD WITH NO RESPONSE TO EITHER APPEAL RE-SUBMITTED. THAT'S WHY I USED P.B.S.P TO REQUEST
TO OBTAIN A RESPONSE AND OBTAIN A LOG NUMBER.

Are there documents that would be helpful to support your position? Attach copies of those documents, if you don't have the documents, identify them as best you can below:

NO, I DO NOT HAVE SUPPORTING DOCUMENTATION THAT WILL HELP ME WITH MY DISTASTFIED RESPONSE
BECAUSE ACCORDING TO KUSD AND P.B.S.P 602'S ARE DETERMINED TO BE NON-LEGAL DOCUMENTS AND MAY
NOT BE COPIED OR REPRINT OUT, UNLESS THE COMPLAINTS REACHES THE DIRECTOR'S LEVEL OF REVIEW.
THE ONLY THING I HAVE AS A HELPFUL POSITION ARE THE DATES OF EVERY OTHER APPEAL SUBMITTED. ^{THAT WAS LOST} SUBMITTED
AS DELAYED OR LOST MAY 01, 2021, JUNE 13, 2021, JULY 01, 2021, AUGUST 10, 2021 AND SEPTEMBER 29, 2021.

APPEAL OF GRIEVANCE

CDCR 602-2 (03/20)

Page 2 of 2 '

Claim #: _____

Explain the reason for your appeal. Be as specific as you can.

I am dissatisfied with the response I was given because _____

Are there documents that would be helpful to support your position? Attach copies of those documents, if you don't have the documents, identify them as best you can below:

Reminder: Please attach all documents in your possession that support your claim(s).

Please note that this form and supporting documents will not be returned to you.

Claimant Signature: *[Signature]*

Date Signed: 09-30-2021

MAIL TO:

Office of Appeals
Department of Corrections and Rehabilitation
P.O. Box 942883
Sacramento, CA 95811



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLAIMANT GRIEVANCE CLAIMS DECISION RESPONSE

Re: Grievance Claims Decision Response

Offender Name: TRUILLO, GUILLERMO C

Date: 09/22/2021

CDC#: AA2974

Current Location: PBSP-Facility B

Current Area/Bed: B 005 2 - 205001L

Log #: 000000166798

Claim #: 001

Institution/Parole Region of Origin: Pelican Bay State Prison

Facility/Parole District of Origin: PBSP-Facility B

Housing Area/Parole Unit of Origin:

Category: Offender Safety and Security

Sub-Category: Use of Force

The California Department of Corrections and Rehabilitation (CDCR) Office of Grievances at PBSP-Facility B has received your claim.

Your claim is being rejected by Office of Grievances for the reason(s) indicated below.

This serves as your response by the Office of Grievances. If you are dissatisfied with this response, you may appeal the rejection decision to CDCR's Office of Appeals.

Do not resubmit this claim to the Office of Grievances at PBSP-Facility B.

Decision: Rejected

- (1.) You did not submit the claim within the timeframe required by California Code of Regulations, title 15. The date you discovered the adverse policy decision, action, condition, or omission by the Department was 4/11/2021; the date you submitted this claim was 9/20/2021. You should have submitted your claim on or by 5/11/2021 to meet the 30 calendar day requirement set forth in the regulations.

Claim #: 002

Institution/Parole Region of Origin: Pelican Bay State Prison

Facility/Parole District of Origin: PBSP-Facility B

Housing Area/Parole Unit of Origin:

Category: Offender Safety and Security

Sub-Category: Use of Force

Our office reassigned your claim concerning Offender Safety and Security; Use of Force to the Office of Grievances at Kern Valley State Prison.

The Office of Grievances at Kern Valley State Prison will provide a response to your claim on or before 11/21/2021.

Once you receive a response from Kern Valley State Prison and if you are dissatisfied with the decision, you may file an appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

Decision: Reassigned



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

OOG ACKNOWLEDGMENT OF RECEIPT AND CLOSURE OF GRIEVANCE

Offender Name: TRUILLO, GUILLERMO C.

CDC#: AA2974

Date: 09/21/2021

Current Location: PBSP-Facility B

Current Area/Bed: B 005 2205001L

From: Office of Grievances at Pelican Bay State Prison

Re: Log # 000000166798

The California Department of Corrections and Rehabilitation Office of Grievances at Pelican Bay State Prison received your grievance on 09/21/2021. Your grievance has not been assigned for review and response because your claim(s) is being handled as specified below.

Claim # 001:

Your claim concerning Offender Safety and Security; Use of Force is being rejected by Office of Grievances for the reason(s) indicated below:

You did not submit the claim within the timeframe required by California Code of Regulations, title 15. The date you discovered the adverse policy decision, action, condition, or omission by the Department was 04/11/2021; the date you submitted this claim was 09/20/2021. You should have submitted your claim on or by 05/11/2021 to meet the 30 calendar day requirement set forth in the regulations.

This serves as your response by the Office of Grievances. If you are dissatisfied with this response, you may appeal the rejection decision to CDCR's Office of Appeals.

Do not resubmit this claim to the Office of Grievances at Pelican Bay State Prison.

Claim # 002:

Our office reassigned your claim concerning Offender Safety and Security; Use of Force to the Office of Grievances at Kern Valley State Prison.

The Office of Grievances at Kern Valley State Prison will provide a response to your claim on or before 11/21/2021.

Once you receive a response from Kern Valley State Prison and if you are dissatisfied with the decision, you may file an appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

CDCR SOMS OGTT300
OOG ACKNOWLEDGMENT OF RECEIPT AND CLOSURE OF GRIEVANCE



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

OOG CLAIM REASSIGNMENT NOTICE

To: Kern Valley State Prison Office of Grievances

Address: P.O. Box 3130
Delano, California 93216

From: Office of Grievances at Pelican Bay State Prison

Re: OOG Claim Reassignment Notice

Offender Name: TRUILLO, GUILLERMO C.

CDC#: AA2974

Date: 09/21/2021

Current Location: PBSP-Facility B

Current Area/Bed: B 005 2205001L

Re: Log # 000000166798

Claim #: 002

The California Department of Corrections and Rehabilitation Office of Grievances at Pelican Bay State Prison received a claim concerning Offender Safety and Security; Use of Force from the claimant referenced above on 09/21/2021. This claim is being reassigned to your grievance office at Kern Valley State Prison. Please process this claim as you would if it was received directly from the claimant. Our office will notify claimant of the reassignment using the acknowledgement letter.

Please provide the claimant with a response to this claim on or before 11/21/2021.

If you have any questions, please contact the Office of Grievances at Pelican Bay State Prison.

CDCR SOMS OGTT312
OOG CLAIM REASSIGNMENT NOTICE

EMERGENCYSTATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (Rev. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
		166798	11/21/2021
FOR STAFF USE ONLY			

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO GUILLERMO CRUZ	#AA-2974	FB-135-#205	N/A

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

LOST, STOLEN, OR DESTROYED 602

- A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): ON THE ABOVE DATE APRIL 11, 2021 I SUBMITTED A C.D.C.R 602 AGAINST OFFICER M. GONZALEZ FOR BATTERY UPON ME WHILE CONFINED AND HOUSED AT KUSP ASU 2 FPOD, CELL #152. ON THIS PARTICULAR DAY C/O M. GONZALEZ WAS WORKING A 16 HOUR
- B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD LIKE FOR THIS C.D.C.R 602 TO PROPERLY BE INVESTIGATED TRACK DOWN THE LOST, STOLEN, OR DESTROYED C.D.C.R 602 DATED: APRIL 18, 2021 AND PLACE OFFICER M. GONZALEZ UNDER INVESTIGATION TO HER BATTERY ON INMATE

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason:Inmate/Parolee Signature: [Signature] Date Submitted: 09-20-21☐ By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____

(Print Name)

Reviewer: _____ Title: _____ Signature: _____

(Print Name)

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____ / ____ / ____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO, GUILLERMO CRUZ	# AA-2974	FB-B5-205	N/A

A. Continuation of CDCR 602, Section A only (Explain your issue): ~~ON~~ ^{UNLOCKING} ~~SHIFT OVERTIME~~ WHEN HER AND COWORKERS C. DAVIS, K. NIZAMI, AND J. PEREZ WERE ~~WHERE~~ ^{UNLOCKING} FOOD PORT TRAY SLOTS ON E-POD FOR LAUNDRY PAYS OUT. WHEN OFFICER M. GONZALEZ APPROACHED MY ASSIGNED CELL #152, I GAVE HER THE FOLLOWING STATE WHITE CLOTHING ONE T-SHIRT, ONE BOXER SHORT, & ONE TOWEL TO BE PROVIDE THE SAME EXACT STATE CLOTHING. AT THAT POINT I NOTICE THAT THE CLOTHING PROVIDE TO ME WHERE TO SMALL (XL) AND INFORMED HER THAT I NEEDED A BIGGER SIZE (XXL) BECAUSE AM A BIG BOY. OFFICER M. GONZALEZ BECAME VERY UP SET TO MY REQUEST AND SLAMMED THE CELL FOOD PORT TRAY SLOT AGAINST MY RIGHT HAND WITH FULL FORCE ABOUT THREE TIMES. CAUSING SWELLING, BRUISING, PAIN, BREAKAGE OF SKIN TO INDEX FINGER, MIDDLE FINGER AND SEVERE SWELLING TO PINK KNUCKLE. AFTER THE INCIDENT HAD OCCURED I ASK TO SEE (LUN) NURSE ON DUTY OFFICER M. GONZALEZ IGNORED MY REQUEST AND DENIED ME MY MEDICAL ATTENTION. THIS C.D.C.R 602 WAS SUBMITTED ON APRIL 18, 2021 FOR PROCESSING WHICH WAS NEVER FOR WARD TO KUSP INMATE APPEALS OFFICE FOR PROCESSING GIVING TO BE LIEVE THIS 602 WAS SNATCH UP BY THIRD SHIFT STAFF TO COVER UP THEIR OWN COWORKER ^{M. GONZALEZ} UNLAWFULL MISCONDUCT BATTERY ON INMATE WITH STATE PROPERTY CELL FOOD PORT TRAY SLOT.

Inmate/Parolee Signature: [Signature] Date Submitted: 09-20-21

STAFF USE ONLY

B. Continuation of CDCR 602, Section B only (Action requested): WITH AN OBJECT STATE PROPERTY FOOD PORT TRAY SLOT. IF ~~SE~~ OFFICER M. GONZALEZ DENIES ALL ALLEGATIONS MADE AGAINST HER WOULD LIKE FOR HER TO CONSENT TO A POLYGRAPH EXAMINATION PER: TITLE 15 SECTION 3293(a) + (b).

Inmate/Parolee Signature: [Signature] Date Submitted: 09-20-21

PELICAN BAY STATE PRISON
 P.O. BOX 7500
 CRESCENT CITY, CA 95532-7000

Name: Michaela Maria D'Amico
 Address: 10000 13th Ave S
PO Box 10000
Denver, CO 80201
 Phone: 303 751 1000

CDOR #: AD-2474 Unit: 205-135

Cell # 205

STATE PRISON
GENERATED MAIL

REVISED

7. 2. 1961

PELICAN BAY STATE PRISON 65

Total: \$000.73



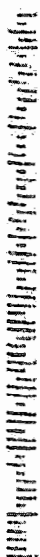
Figure 1

DATE OF RECEIPT

1960

0-30X: 94285

SALVADORI CAR 95814



C/O WILKINS 10/6/21



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLAIMANT GRIEVANCE CLAIMS DECISION RESPONSE

Re: Grievance Claims Decision Response

Offender Name: TRUILLO, GUILLERMO C

Date: 11/20/2021

CDC#: AA2974

Current Location: NKSP-Facility B *PBSP*

Current Area/Bed: B *0022* - 243001L

AZ-HR
B3-116L

Log #: 000000167324

Claim #: 001

Institution/Parole Region of Origin: Kern Valley State Prison

Facility/Parole District of Origin: KVSP-Facility Z02

Housing Area/Parole Unit of Origin:

Category: Offender Safety and Security

Sub-Category: Use of Force

The California Department of Corrections and Rehabilitation (CDCR) Office of Grievances at KVSP-Central Service received your claim on 09/21/2021.

California Code of Regulations, title 15, provides CDCR Office of Grievances 60 calendar days to complete a response.

Although 60 calendar days have passed since your claim concerning Offender Safety and Security; Use of Force was received, your claim is still under inquiry or investigation. Due to the expiration of time, this response by the Office of Grievances will be the only response.

You will be notified once the inquiry or investigation of the issue concerning your claim has been completed, but the notification will be outside of the timeframe of the Grievances and Appeals Process. You do not need to resubmit this claim to CDCR.

Decision: Under Investigation

EMERGENCY

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (Rev. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
		166798	11/21/2021
FOR STAFF USE ONLY			

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

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WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO GUILLERMO CRUZ	# AA-2974	F3-135-#205	N/A

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

LOST, STOLEN, OR DESTROYED 602

- A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): ON THE ABOVE DATE APRIL 11, 2021 I SUBMITTED A C.D.C.R. 602 AGAINST OFFICER M. GONZALEZ FOR BATTERY UPON ME WHILE CONFINED AND HOUSED AT KUSP ASU 2 FPOD, CELL #152. ON THIS PARTICULAR DAY C/O M. GONZALEZ WAS WORKING A 16 HOUR
- B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD LIKE FOR THIS C.D.C.R. 602 TO PROPERLY BE INVESTIGATED TRACK DOWN THE LOST, STOLEN, OR DESTROYED C.D.C.R. 602 DATED: APRIL 18, 2021 AND PLACE OFFICER M. GONZALEZ UNDER INVESTIGATION TO HER BATTERY ON INMATE

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason:Inmate/Parolee Signature: [Signature]Date Submitted: 09-20-21☐ By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the First Level of Review.

Assigned to: _____

Title: _____

Date Assigned: _____

Date Due: _____

First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____

Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted In Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____

(Print Name)

Title: _____

Signature: _____

Date completed: _____

Reviewer: _____

(Print Name)

Title: _____

Signature: _____

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____ / ____ / ____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.
Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO, GUILLERMO CRUZ	# A.A. 2974	FB-B5-205	N/A

A. Continuation of CDCR 602, Section A only (Explain your issue): ~~THIRD~~ SHIFT OVERTIME, WHEN HER AND COWORKERS C. DAVIS, K. NIZAMI, AND J. PEREZ WERE UNLOCKING FOOD PORT TRAY SLOTS ON E-POD FOR LAUNDRY PASS OUT. WHEN OFFICER M. GONZALEZ APPROACHED MY ASSIGNED CELL #152. I GAVE HER THE FOLLOWING STATE WHITE CLOTHING ONE T-SHIRT, ONE BOXER SHORT, & ONE TOWEL TO BE PROVIDE THE SAME EXACT STATE CLOTHING. AT THAT POINT I NOTICE THAT THE CLOTHING PROVIDED TO ME WERE TOO SMALL (XL) AND INFORMED HER THAT I NEEDED A BIGGER SIZE (XXL) BECAUSE AM A BIG BOY. OFFICER M. GONZALEZ BECAME VERY UPSET TO MY REQUEST AND SLAMMED THE CELL FOOD PORT TRAY SLOT AGAINST MY RIGHT HAND WITH FULL FORCE ABOUT THREE TIMES. CAUSING SWELLING, BRUISING, PAIN, BREAKAGE OF SKIN TO INDEX FINGER, MIDDLE FINGER AND SEVERE SWELLING TO PINK KNUCKLE. AFTER THE INCIDENT HAD OCCURRED I ASK TO SEE (LUN) NURSE ON DUTY OFFICER M. GONZALEZ IGNORED MY REQUEST AND DENIED ME MY MEDICAL ATTENTION. THIS C.D.C.R. 602 WAS SUBMITTED ON APRIL 18, 2021 FOR PROCESSING WHICH WAS NEVER FORWARDED TO KUSP INMATE APPEALS OFFICE FOR PROCESSING GIVING TO BE BELIEVE THIS 602 WAS SNATCHED UP BY THIRD SHIFT STAFF TO COVER UP THEIR OWN COWORKER UNLAWFUL MISCONDUCT BATTERY ON INMATE WITH STATE PROPERTY CELL FOOD PORT TRAY SLOT.

Inmate/Parolee Signature: [Signature] Date Submitted: 09-20-21

B. Continuation of CDCR 602, Section B only (Action requested): WITH AN OBJECT STATE PROPERTY FOOD PORT TRAY SLOT. IF ~~THE~~ OFFICER M. GONZALEZ DENIES ALL ALLEGATIONS MADE AGAINST HER WOULD LIKE FOR HER TO CONSENT TO A POLYGRAPH EXAMINATION PER TITLE 15 SECTION 3293(a) & (b).

Inmate/Parolee Signature: [Signature] Date Submitted: 09-20-21

STAFF USE ONLY

STAFF USE ONLY

Appeal #: _____ Date Received: _____
Date Due: _____
Categories: _____
Grievance #: 167324

Claimant Name: GUILLERMO TRUJILLO CRUZ CDCR #: AA-2974

Current Housing/Parole Unit: FB-B3-116 Institution/Facility/Parole Region: P.B.S.P

☐ There are no claims that can be appealed.

☐ The following claims cannot be appealed:

Claim #s:

This is the process to appeal the decision made regarding a claim that is not listed above.

Claim #: 1

Explain the reason for your appeal of any claims not listed above. Be as specific as you can.

I am dissatisfied with the response I was given because I AM DISSATISFIED WITH THE 3RD LEVEL REVIEW RESPONSE
BECAUSE IT WAS STATED TO ME THAT INMATE APPEALS OFFICE AT SACRAMENTO HAS NOT COMPLETED THEIR INVESTIGATION
CONSERVING TO MY CLAIMS TO THE "USE OF EXCESSIVE FORCE" BY OFFICER M. GONZALEZ, WHEN THE SIXTY (60)
CALENDAR DAYS TO COMPLETE A RESPONSE IS DUE. I HAVE NOT RECEIVED A NOTICE ABOUT THE STATUS OF THE
INVESTIGATION NOR THE 60 CALENDAR DAYS HAVE PASSED SINCE THE COMPLAINT WAS FILED TO C.D.C.R.
THEREFORE, WOULD LIKE TO OBTAIN BETTER REMEDIES.

Are there documents that would be helpful to support your position? Attach copies of those documents, if you don't have the documents, identify them as best you can below:

THE FULL CLAIMANT GRIEVANCE CLAIMS DECISION RESPONSE DATED: 11-20-2021 TO SUPPORT MY
POSITION.

APPEAL OF GRIEVANCE
CDCR 602-2 (03/20)

Page 2 of 2

Claim #: _____

Explain the reason for your appeal. Be as specific as you can.

I am dissatisfied with the response I was given because _____

Are there documents that would be helpful to support your position? Attach copies of those documents, if you don't have the documents, identify them as best you can below:

Reminder: Please attach all documents in your possession that support your claim(s).

Please note that this form and supporting documents will not be returned to you.

Claimant Signature: _____

Date Signed: _____

Memorandum

Date : December 29, 2021

To : Truillo, AA2974
B3-116
Pelican Bay State Prison

Subject: **GRIEVANCE CLAIM DECISION RESPONSE LOG #167324**

Claim #001 & # 002:

You allege on April 11, 2021, an officer at Kern Valley State Prison (KVSP) slammed the cell food port tray slot against your right hand three times, full force causing swelling, bruising, pain, breaking the skin on your index finger, middle finger and severe swelling to the knuckle. You further claim you were denied medical attention. You claim you submitted a CDCR 602-1 at KVSP on April 11, 2021 that was never forwarded for processing to KVSP Office of Grievances to cover up the incident. You believe third watch staff destroyed your grievance in order to cover up staff misconduct.

Reasoning and Decision:

Based upon the severity of the allegations, the Hiring Authority at KVSP elected to refer this allegation to the Office of Internal Affairs, Allegation Inquiry Management Section (AIMS) to conduct a Grievance Allegation Inquiry. AIMS accepted the referral and issued Log # C-AIMS-KVSP-2642-21. Correctional Lieutenant J. Gingras conducted the AIMS Grievance Allegation Inquiry. During the course of the inquiry, staff and inmates were interviewed.

A Grievance Allegation Inquiry Report was submitted to the Hiring Authority for review and determination. Based on a review of the AIMS Allegation Inquiry Report, the above referenced documents, staff and inmate interviews, the allegation of staff misconduct was deemed unsubstantiated. Staff did not violate California Department of Corrections and Rehabilitation policy or procedure.

After a thorough review of all documents including the evidence presented at the Office of Grievance (OOG) Level, it is the order of the OOG to DISAPPROVE this claim.



A. LEYVA
Grievance Coordinator
Kern Valley State Prison



R. CARRIEDO
Chief Deputy Warden
Kern Valley State Prison

DIVISION OF ADULT INSTITUTIONS
KERN VALLEY STATE PRISON
P.O. Box 3130
Delano, CA 93216-3130



October 4, 2021

Truillo, AA2974
B5-205
Pelican Bay State Prison

Inmate Truillo:

This is in response to your correspondence, dated July 25, 2021, addressed to Office of Internal Affairs (OIA). You claim on April 11, 2021 staff utilized use of force on you and you were denied medical attention. A review of your grievance listing in Strategic Offender Management System (SOMS) indicates Kern Valley State Prison (KVSP) Office of Grievances (OOG) received a grievance from regarding your allegations on September 21, 2021, Grievance Log # 167324. Due to the nature of the allegation, it was referred to the Office of Internal Affairs, Allegation Inquiry Management Section (AIMS). Your response is due on November 21, 2021.

It is important to note that the filing of a letter does not meet the criteria of the Prison Litigation Reform Act for exhausting administrative remedies. If you have concerns regarding any issue having a material adverse effect upon your welfare, you may submit a CDCR 602-1 directly to KVSP OOG as prescribed in Section 3487 of the CCR and Section 54100 of the Departmental Operations Manual (DOM).

If you wish to file a grievance regarding the issue(s) you have raised, the CDCR 602-1 must be received by the appropriate Grievance Coordinator within prescribed time constraints from the date of the issue you are appealing, as all grievances, are subject to time frames as specified in the CCR and DOM. In the event you have exceeded time constraints, appropriate administrative action may be taken; however, the matter cannot be appealed and pursuant to the regulations, you will not be advised of the outcome.

For further information, you may refer to the CCR and DOM which are available in the law library. Failure to follow these regulations may result in your appeal being rejected.

A handwritten signature in black ink, appearing to read "A. Leyva", is located above the typed name.

A. Leyva
Grievance Coordinator
Kern Valley State Prison

cc: C. Pfeiffer, Warden

EXHIBIT A

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF APPEALS
P.O. BOX 942883
SACRAMENTO, CA 94283-0001

THIRD LEVEL APPEAL DECISION

Date: JAN 31 2017

In re: Guillermo Truillo, AA2974
Pelican Bay State Prison
P.O. Box 7000
Crescent City, CA 95531-7000

TLR Case No.: 1600964 Local Log No.: KVSP-16-01888

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner T. Lee, Captain. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that on May 10, 2016, Correctional Officer (CO) M. Gonzalez sexually harassed the appellant during the routine checks by trying to get the appellant to expose himself. The appellant contends the behavior is ongoing. The appellant asserts he does not want to comply with CO Gonzalez's orders. The appellant states when he does not comply with the orders, CO Gonzalez makes threats to have the appellant assaulted. The appellant requests the Office of Inspector General investigate this matter and for CO Gonzalez to cease her threats.

II SECOND LEVEL'S DECISION: The Second Level of Review (SLR) identified and addressed the appellant's allegations of staff misconduct. The reviewer documented that an appropriate supervisory staff member was assigned to conduct an inquiry into this matter. The inquiry included a review of the evidence and an evaluation of any interview conducted. In order to determine the facts, the inquiry also included a review of pertinent documents, current policies, laws, and procedures. The SLR noted that all staff personnel matters are confidential in nature, and that the appellant would only be notified whether the actions of staff were or were not in compliance with policy. The SLR found that the staff did not violate policy as alleged. The SLR partially granted the appeal in that an inquiry was conducted.

III THIRD LEVEL DECISION: Appeal is denied.

A. FINDINGS: Upon review of the documentation submitted, the Third Level of Review (TLR) finds that the appellant's allegations were appropriately reviewed and evaluated by administrative staff. The TLR notes that all staff personnel matters are confidential in nature and will not be disclosed to other staff, the inmate population, the general public, or the appellant. The appellant was informed that if the conduct of staff was determined to not be in compliance with policy, the institution would take the appropriate course of action. In this case, the SLR informed the appellant that an inquiry was completed and disclosed the determination of the inquiry to the appellant. The TLR reviewed the confidential inquiry and concurs with the determination of the SLR. The TLR notes that, while the appellant has the right to submit an appeal as a staff complaint, requests for: administrative action regarding staff; the placement of documentation in a staff member's personnel file; to reprimand staff; to remove staff from a position; and/or requests for monetary compensation are beyond the scope of the appeals process. The TLR finds the institution's response complies with departmental policy, and the appellant's staff complaint allegations were properly addressed. Therefore, no further relief shall be afforded at the TLR.

The appellant has added new issues and requests to his appeal. The additional requested action is not addressed herein as it is not appropriate to expand the appeal beyond the initial problem and the initially requested action (CDC Form 602, Inmate/Parolee Appeal Form, Sections A and B).

B. BASIS FOR THE DECISION:

California Penal Code Section: 832.5, 832.7, 832.8

California Code of Regulations, Title 15, Section: 3000, 3001, 3004, 3084.1, 3270, 3380, 3391

C. ORDER: No changes or modifications are required by the Institution.

GUILLERMO TRUJILLO, AA2974
CASE NO. 1600964
PAGE 2

This decision exhausts the administrative remedy available to the appellant within CDCR.

T. LEE, Appeals Examiner
Office of Appeals

cc: Warden, PBSP
Appeals Coordinator, PBSP
Appeals Coordinator, KVSP

LDZ
M. VOONG, Chief
Office of Appeals

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A

BYPASS

Inmate/Parolee Signature: _____

Date Submitted: _____

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

- ☐ By-passed at Second Level of Review. Go to Section G.
☐ Rejected (See attached letter for instruction) Date: _____
☐ Cancelled (See attached letter) Date: _____
☒ Accepted at the Second Level of Review

Assigned to: _____ Title: _____

Date Assigned: JUN 1 5 2016 Date Due: _____

Second Level Response: Complete a Second Level response. If an action at the Second Level is necessary, include employee's name and the interview date and location, and complete the section below.

Date of Interview: 7/11/16

Interview Location: ASU2

Your appeal issue is: ☐ Granted ☒ Granted in Part ☒ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F, Page 37.

Interviewer: _____

Title: _____

Signature: _____

Date completed: 7/14/16

Reviewer: _____

Title: (COW CA)

Signature: _____

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant: 7/14/16

F. If you are dissatisfied with the Second Level response, explain reason below, attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942863, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A

I AM DISSATISFIED WITH SECOND LEVEL RESPONSE TO THE OUTCOME OF THE INVESTIGATION THAT STATE DID NOT OBTAIN A D.C.R. POLICY AND NO WITNESSES TO MAKE UP MY ALLEGATIONS. THE PERSONS I DO NOT HAVE ANY WITNESSES TO SUPPORT MY ALLEGATIONS IS BECAUSE WHEN PERSONS GET "PRISON" THESE STATEMENTS THEY MAKE SURE THAT THERE IS NO OTHER PERSONS OFFENSES AND INMATES OBTAINED TO BE A WITNESS TO THEIR SEXUAL HARASSMENT. I ALSO REQUEST THAT THIS APPEAL CONTINUE

Inmate/Parolee Signature: _____

Date Submitted: 07/20/16

G. Third Level - Staff Use Only

This appeal has been:

- ☐ Rejected (See attached letter for instruction) Date: _____
☐ Cancelled (See attached letter) Date: _____
☒ Accepted at the Third Level of Review. Your appeal issue is: ☐ Granted ☐ Granted in Part ☒ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant: FEB 01 2017

Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because: State reason (if withdrawal is conditional, list conditions)

Inmate/Parolee Signature: _____

Date: _____

Print Staff Name: _____

Title: _____

Signature: _____

Date: _____

INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (08/11)

Side 1

1600964

FOR STAFF USE ONLY

Attach this form to the CDCR 602, (08/11), if more space is needed. Only use CDCR 602-A (08/11) to appeal.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name Last, First	ID Number	CD # or Number	Appeal Number
TRUJILLO GUILLERMO CARL	AD-2975	A.S.U. 2 #134	N/A

A. Continuation of CDCR 602, Section A only (Explain your issue): SEXUAL HARASSMENT BY MY WIFE AS FOLLOWING IN SPANISH LANGUAGE, WHAT A JOKE, I WANT TO SEE IT, SO I CAN TOUCH MYSELF AT HOME THINKING ABOUT YOU. THIS TYPE OF MISCONDUCT HAS BEEN ADDRESS IN THE PAST AND HAS BEEN AN ONGOING ISSUE HOME AT (KUSP). I ALSO HAVE NOTICE THAT WHEN I DON'T COMPLY WITH HER ORDERS AND WHAT SHE WANTS DONE, SHE STARTS TO MAKE VERBALLY THREATS THAT SHE WANTS ME ASSAULTED. THIS BECOMES THE PRESSURING OF PRISON OFFICIAL KNOWING THE SUBSTANTIAL RISK OF HARM TO MY HEALTH AND SAFETY. IN THE PAST I HAVE BEEN ASSAULTED FOR REPORTING THIS TYPE OF ABUSE WHERE I BEEN TARGETED BY PRISON OFFICIALS SEE BEHAVIOR REPORTS DATED: SEPTEMBER 15 15 AND SEPTEMBER 17 15 HERE AT (KUSP/PR-130-239)

JUN 13 2016

RECEIVED

SEP-6 2016

APPEALS BRANCH
INMATE APPEALS BRANCH

RECEIVED

JUN 25 2016

REC BY 00A
JAN 09 2017

Inmate/Parolee Signature:

Date Submitted: 05/30/16

B. Continuation of CDCR 602, Section B only (Action requested): THEREFORE WOULD LIKE TO REPORT MY SEXUAL HARASSMENT AND HAVE THIS MATTER INVESTIGATED BY THE OFFICE OF INSPECTOR GENERAL AND HAVE MY CASE HERE SEXUAL HARASSMENT.

Inmate/Parolee Signature:

Date Submitted: 05/30/16

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

D. Continuation of CDCR 602. Section D only (Dissatisfied with First Level response): *DEFENDERS AND OTHERS ARE TRYING TO MANIPULATE THE INMATE APPEALS SYSTEM AND THE S.D. IS UNWILLING TO CONDUCT THE INVESTIGATIONS IN ORDER TO BELIEVE THEIR FALSE STATEMENTS. THEREFORE WE BELIEVE THE APPROPRIATE TOOL UNDER THESE ALLEGATIONS AND INVESTIGATIONAL MATTERS ARE FULLY REVIEWED. EXAMINATIONS AGAINST PERSONS' CAPACITIES AND THEIR TRUTHFUL STATEMENTS UNDER THE IS SECTION 3293(a)(6).*

Inmate/Parolee Signature: *[Signature]*

Date Submitted: 07-20-16

F. Continuation of CDCR 602. Section F only (Dissatisfied with Second Level response):

Inmate/Parolee Signature:

Date Submitted:

Template Date 4/4/2012
State of California

Attachment E-1
Department of Corrections and Rehabilitation

Memorandum

Date : July 1, 2016

To : Trujillo, AA2974
Kern Valley State Prison, ASU2, Cell 134

Subject: **STAFF COMPLAINT RESPONSE - APPEAL # KVSP-O-16-01888 SECOND LEVEL RESPONSE**

APPEAL ISSUE: You allege that on May 10, 2016, during morning hours, Officer M. Gonzalez (Administrative Segregation Unit 2 Officer) approached your cell in order to complete a welfare check. You claim Officer Gonzalez stated, "Show me what you have between your legs. i want to see how big you are." You allege you did not respond to Officer Gonzalez's comment; however, you were disturbed by her request. You allege Officer Gonzalez threatened to have you assaulted if you did not comply with her request to expose yourself to her.

DETERMINATION OF ISSUE: A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal is:

➤ Being processed as an Appeal Inquiry.

You were interviewed by ISU Lieutenant P. Chanelo at the Second Level of Review.

Your appeal is PARTIALLY GRANTED in that:

➤ The Appeal inquiry is complete/ has been reviewed and all issues were adequately addressed.

The following witnesses (es) were questioned: No witnesses were interviewed.

The following information was reviewed as a result of, your allegations of staff misconduct. All CDCR 602 Inmate Appeal Form KVSP-O-16-01888, and Confidential Memorandum, dated June 14, 2016, authored by ISU Lieutenant P. Chanelo.

Staff: **did not** ☒ violate CDCR policy with respect to one or more of the issues appealed.

ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.

- As such, the details of any inquiry will not be shared with staff, members of the public, or offender appellants.
- Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. A variety of personnel actions may be initiated by the Department based upon the

Template Date 4/4/2012

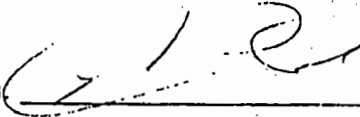
Attachment E-1

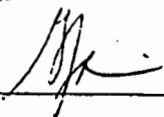
Page 2

content of your complaint and the outcome of any investigation or inquiry conducted as a result of your complaint.

- Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

If you wish to appeal the decision and/or exhaust administrative remedies, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's/Third Level of Review. Once a decision has been rendered at the Third Level, administrative remedies will be considered exhausted.

Print: P. Chanelo Sign:  Date: 07/1/16
Interviewer

Print: G. Jaime Sign:  Date: 7/12/11
Reviewing Authority

STATE OF CALIFORNIA
RIGHTS AND RESPONSIBILITY STATEMENT
CDDP 180719A, 1/1/16

DEPARTMENT OF CORRECTIONS AND REHABILITATION

RIGHTS AND RESPONSIBILITY STATEMENT

The California Department of Corrections and Rehabilitation has added the department language (shown inside brackets in non-bold face type) for clarification purposes.

Pursuant to Penal Code 149.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER (this includes a departmental peace officer) FOR ANY IMPROPER POLICE (or peace) OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' (or inmates/parolees') COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN (or inmate/parolee) COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

COMPLAINANT'S PRINTED NAME	COMPLAINANT'S SIGNATURE	DATE SIGNED
RECEIVING OFFICE PRINTED NAME	RECEIVING OFFICE'S SIGNATURE	DATE SIGNED
RECEIVING OFFICE'S SIGNATURE	RECEIVING OFFICE'S SIGNATURE	DATE SIGNED
RECEIVING OFFICE'S SIGNATURE	RECEIVING OFFICE'S SIGNATURE	DATE SIGNED

DISTRIBUTION

ORIGINAL -

Public - Institution Head/Parole Administrator
Inmate/Parolee - Attach to CDDP form 600
Employee - Institution Head/Parole Administrator
COPY - Complainant

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

Thursday, June 16, 2016

TRUILLO, AA2974
Z02001C1134001LP

STAFF COMPLAINTS. Sexual misconduct, 06/13/2016

Log Number: KVSP-O-16-01888

(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)

The enclosed documents are being returned to you for the following reasons:

AO Other

This appeal has been accepted as a Staff Complaint. As a reminder, per CCR 3084.9 Staff Complaints shall not be combined with other appeal issues. If you have included other appeal issues within this Staff Complaint, you must re-submit those appeal issues on a separate CDCR 602; they will not be addressed in the Staff Complaint Response. Examples of other appeal issues may include but are not limited to: RVR, property, mail, classification, job assignment, ADA, etc.

☐ A. Lucas

☐

☐

Appeals Coordinator
KVSP

NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

NOTE THIS CDCR 695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS AND REHABILITATION

EDMUND G. BROWN JR., GOVERNOR

OFFICE OF APPEALS

1515 S Street, Sacramento, CA 95814
P.O. Box 942883
Sacramento, CA 94283-0001



December 23, 2016

TRUILLO, GUILLERMO, AA2974
Pelican Bay State Prison
P.O. Box 7000
Crescent City, CA 95531-7000

MAILED**DEC 30 2016**

RE: TLR# 1600964 KVSP-16-01888 STAFF COMPLAINTS

The Office of Appeals, California Department of Corrections and Rehabilitation (CDCR) acts as the third level of review as established in California Code of Regulations (CCR) Title 15, Article 8. The Office of Appeals examines and responds to inmate and parolee appeals, after the institution or parole region has responded at the Second Level of Appeal.

Your appeal has been rejected pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.6(b)(7). Your appeal is missing necessary supporting documents as established in CCR 3084.3. All documents must be legible (If necessary, you may obtain copy(ies) of requested documents by sending a request with a signed trust withdrawal form to your assigned counselor). Your appeal is missing:

- CDCR Form 1858, Rights and Responsibilities Statement

[Signature]
M. VOONG, Chief
Office of Appeals

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

******PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE******

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS AND REHABILITATION

EDMUND G. BROWN JR., GOVERNOR

OFFICE OF APPEALS

1515 S Street, Sacramento, CA 95814
P.O. Box 942883
Sacramento, CA 94283-0001



August 11, 2016

MAILED

AUG 12 2016

TRUILLO, GUILLERMO, AA2974
High Desert State Prison
P.O. Box 270220
Susanville, CA 96127

RE: TLR# 1600964 KVSP-16-01888 STAFF COMPLAINTS

The Office of Appeals, California Department of Corrections and Rehabilitation (CDCR) acts as the third level of review as established in California Code of Regulations (CCR) Title 15, Article 8. The Office of Appeals examines and responds to inmate and parolee appeals, after the institution or parole region has responded at the Second Level of Appeal.

Your appeal has been rejected pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.6(b)(7). Your appeal is missing necessary supporting documents as established in CCR 3084.3. All documents must be legible (If necessary, you may obtain copy(ies) of requested documents by sending a request with a signed trust withdrawal form to your assigned counselor). Your appeal is missing:

- CDCR Form 1858, Rights and Responsibilities Statement

M. Voong
M. VOONG, Chief
Office of Appeals

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

****PERMANENT APPEAL ATTACHMENT - DO NOT REMOVE****

①

3004. Rights and Respect of Others.

(a) Inmates and parolees have the right to be treated respectfully, impartially, and fairly by all employees. Inmates and parolees have the responsibility to treat others in the same manner. Employees and inmates may use first names in conversation with each other when it is mutually acceptable to both parties.

(b) Inmates, parolees and employees will not openly display disrespect or contempt for others in any manner intended to or reasonably likely to disrupt orderly operations within the institutions or to incite or provoke violence.

(c) Inmates, parolees and employees will not subject other persons to any form of discrimination because of race, religion, nationality, sex, political belief, age, or physical or mental handicap.

HISTORY:

1. Amendment filed 2-24-77; effective thirtieth day thereafter (Register 77, No. 9).



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLAIMANT GRIEVANCE CLAIMS DECISION RESPONSE

Re: Grievance Claims Decision Response

Offender Name: TRUILLO, GUILLERMO C

Date: 10/07/2021

CDC#: AA2974

Current Location: PBSP-Facility B

Current Area/Bed: B 005 2 - 205001L

Log #: 000000169892

Claim #: 001

Institution/Parole Region of Origin: Pelican Bay State Prison

Facility/Parole District of Origin: PBSP-Facility B

Housing Area/Parole Unit of Origin:

Category: Offender Resources

Sub-Category: Other Resources - NOS

Our office reassigned your claim concerning Offender Resources; Other Resources - NOS to the Office of Grievances at Kern Valley State Prison.

The Office of Grievances at Kern Valley State Prison will provide a response to your claim on or before 11/29/2021.

Once you receive a response from Kern Valley State Prison and if you are dissatisfied with the decision, you may file an appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

Decision: Reassigned

EMERGENCY

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
		169892	1129/2021
FOR STAFF USE ONLY			

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO, GUILLERMO CRUZ	# AA-2974	FB-B5-205	N/A

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

LOST, STOLEN, OR DESTROYED C.D.C. 602 GRIEVANCE.

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): ON THE ABOVE DATE:

APRIL 25, 2021 I SUBMITTED A C.D.C. 602 GRIEVANCE AGAINST (LW) MEGAN MCEL
 "FOR HER DELIBERATE INTERFERENCE TO MY MEDICAL ATTENTION FOR INCIDENT DATED:
 APRIL 11, 2021 ON THIS PARTICULAR MY REQUESTED (LW) MEGAN MCEL FOR TREATMENT

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD LIKE FOR
 THIS C.D.C. 602 GRIEVANCE TO BE PROPERLY INVESTIGATED AND TRACK DOWN
 THE ORIGINAL C.D.C. 602 GRIEVANCE SUBMITTED APRIL 25, 2021 FOR INCIDENT
 DATED APRIL 11, 2021 THAT WAS FORWARDED TO KVP INMATE APPEALS OFFICE AND

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory, CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason:Inmate/Parolee Signature: [Signature] Date Submitted: 09-27-21☐ By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)Reviewer: _____ Title: _____ Signature: _____
(Print Name)

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____/____/____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
 CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Inmate/Parolee Signature: _____

Date Submitted: _____

E. Second Level - Staff Use OnlyStaff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter)☐ Accepted at the Second Level of Review

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: _____

Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)Reviewer: _____ Title: _____ Signature: _____
(Print Name)

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____/____/____

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

Inmate/Parolee Signature: _____

Date Submitted: _____

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant ____/____/____

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____

Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

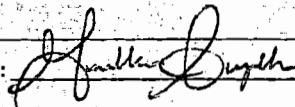
IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.
Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

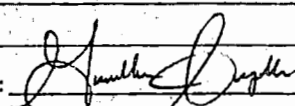
Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO, GUILLERMO CRUZ	AA-2974	FB-05-205	N/A

A. Continuation of CDCR 602, Section A only (Explain your Issue): FOR MY INJURIES TO MY RIGHT
HAND BEHIND A BATTERY WITH STATE PROPERTY CELL DOOR #152 FOOD PORT TRAY SLOT
THAT OCCURRED BY OFFICER MCDANIEL DURING LAUNDRY PRESENT THE BATTERY
TOOK PLACE ABOUT 3:30 P.M. I DID NOT HAVE THE OPPORTUNITY TO SEE OR SPEAK WITH
(LVN) DUTY TIL 8:00 P.M. AT MED'S PASS OUT, AT EXACTLY 8:10 P.M. (LVN) MC. DANIEL
APPEARED AT MY CELL #152 DOOR I PERSONALLY INFORMED HER THAT I HAD INJURIES
TO MY RIGHT HAND ON INDEX FINGER, MIDDLE FINGER AND PINKY KNUCKLE AND
SHOWN HER MY INJURIES THROUGH THE INSIDE OF MY CELL #152 WINDOW WHEN
(LVN) MC DANIEL MADE THE FOLLOWING STATEMENT IT AIN'T THAT SERIOUS AND ACTED
UNCONCERNED AN UNCARING TO MY INJURIES AND JUST PROVIDED ME WITH A TRIPPLE
ANTI BISTIC OINTMENT PACK. I ALSO REQUESTED FOR (LVN) MC DANIEL TO FILL
OUT A MEDICAL REPORT 721 AND TO TAKE PICTURES OF THE INJURIES I IGNORED
MY REQUEST AND JUST WALK AWAY FROM MY ASSIGNED CELL #152 DOOR. THIS
BECOMES (LVN) MC. DANIEL'S "DELIBERATE INDIFFERENCE" TO MY MEDICAL
TREATMENT TO MY INJURIES.

STAFF USE ONLY

Inmate/Parolee Signature:  Date Submitted: 09-27-21

B. Continuation of CDCR 602, Section B only (Action requested): NOT RESPONDED TO EXCEEDING APPEAL TIME LIMITS
WITHIN ITS 30 CALENDAR DAYS. I WOULD ALSO LIKE FOR (LVN) MC DANIEL TO CONSENT TO A
POLYGRAPH EXAMINATION PER: TITLE 15 SECTION 3293 (a) & (b)

Inmate/Parolee Signature:  Date Submitted: 09-27-21

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

Lined area for Section D response.

Inmate/Parolee Signature:

Date Submitted:

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response):

Lined area for Section F response.

Inmate/Parolee Signature:

Date Submitted:

NDC 60590-1183-1

McKesson

**Triple
Antibiotic
Ointment**

**WITH BACITRACIN,
NEOMYCIN, &
POLYMYXIN B**

First aid antibiotic to help
prevent infection.

**NET WT
0.9 g**

(0.03 oz)

**See Box for Full Drug Facts
Information. Not for
Individual use.**

**Distributed by
McKesson Medical-Surgical Inc.
Richmond, VA 23228
Rev. 00 01/14
Made in USA**

MFR # 118-42213



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLAIMANT APPEAL CLAIMS DECISION RESPONSE

Re: Appeal Claims Decision Response

Offender Name: TRUILLO, GUILLERMO C

Date: 03/18/2021

CDC#: AA2974

Current Location: KVSP-Facility Z02

Current Area/Bed: Z02001E1 - 152001L

Log #: 000000071383

Claim # 001

Institution/Parole Region of Origin: Kern Valley State Prison

Facility/Parole District of Origin: KVSP-Central Service

Housing Area/Parole Unit of Origin:

Category: General Employee
Performance

Sub-Category: Other Staff Misconduct - NOS

The California Department of Corrections and Rehabilitation (CDCR) Office of Appeals received this claim on 01/11/2021.

California Code of Regulations, title 15, provides the Office of Appeals 60 calendar days to complete a response. Due to the expiration of time, this response by the Office of Appeals will be the only response.

You do not need to resubmit this claim to the Office of Grievances or to the CDCR Office of Appeals.

Decision: Time Expired



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

OOG ACKNOWLEDGMENT OF RECEIPT AND CLOSURE OF GRIEVANCE

Offender Name: TRUILLO, GUILLERMO C.

CDC#: AA2974

Date: 12/28/2020

Current Location: NKSP-Facility D

Current Area/Bed: D 006 1106001L

From: Office of Grievances at North Kern State Prison

Re: Log # 000000071383

The California Department of Corrections and Rehabilitation Office of Grievances at North Kern State Prison received your grievance on 12/28/2020. Your grievance has not been assigned for review and response because your claim(s) is being handled as specified below.

Claim # 001:

Our office reassigned your claim concerning General Employee Performance; Other Staff Misconduct - NOS to the Office of Grievances at Kern Valley State Prison.

The Office of Grievances at Kern Valley State Prison will provide a response to your claim on or before 02/27/2021.

Once you receive a response from Kern Valley State Prison and if you are dissatisfied with the decision, you may file an appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

CDCR SOMS OGTT300
OOG ACKNOWLEDGMENT OF RECEIPT AND CLOSURE OF GRIEVANCE

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR-0602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region: 71993	Log #	Category:
FOR STAFF USE ONLY			

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): FRUTILLO, GUILLERMO CRUZ	CDC Number: #AA-2974	Unit/Cell Number: EB-134-#213	Assignment: NIA
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State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): ON THE ABOVE DATE:

10-01-2020, FOR OUT-TO-COURT PROCEEDINGS ON CASE NO. #DT102466A, CO-ACCIDENTAL OFFICERS VETERSON AND L. RODRIGUEZ THAT ARE EMPLOYED AT KERN VALLEY STATE PRISON (KVP) INFORMED ME WHILE BEING PLACED INTO TRANSPORTATION VAN THAT THE FOLLOWING

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD LIKE FOR THE LISTED OFFICERS TO BE PLACED UNDER INVESTIGATION BECAUSE OFFICERS SHALL REFRAIN THEMSELVES FROM VERBAL THREATS OF AN ASSAULT, BATTERY, OR DEATH THREATS AND SHALL ENDANGER
NOT ALLOWED ANOTHER INMATE OR ASK ANOTHER CORRECTIONAL OFFICER TO ASSIST THEM

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason:

Inmate/Parolee Signature: [Signature] Date Submitted: 10-05-20

☐ By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____

☐ Cancelled (See attached letter) Date: _____

☐ Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)

Reviewer: _____ Title: _____ Signature: _____
(Print Name)

Date received by AC: _____

AC Use Only
Date mailed/delivered to appellant ____/____/____

Case 1:22-cv-00177-AWI-CDB Document 1 Filed 02/10/22 Page 57 of 218

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Inmate/Parolee Signature: _____

Date Submitted: _____

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.

☐ Rejected (See attached letter for instruction) Date: _____

☐ Cancelled (See attached letter) Date: _____

☐ Accepted at the Second Level of Review

Assigned to: _____

Title: _____

Date Assigned: _____

Date Due: _____

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: _____

Interview Location: _____

Your appeal issue is:

☐ Granted

☐ Granted in Part

☐ Denied

☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: _____

(Print Name)

Title: _____

Signature: _____

Date completed: _____

Reviewer: _____

(Print Name)

Title: _____

Signature: _____

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____/____/____

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

I AM DISSATISFIED WITH SECOND LEVEL RESPONSE BECAUSE THE INMATE APPEALS OFFICE AT AN KVSF ARE REFUSING TO RETURN ORIGINAL GREEN C.D.C.R. 602 FORM BACK TO ME. THEREFORE, ASK THE CHIEF INMATE APPEALS BRANCH TO QUESTION KVSF STAFF ABOUT THE ORIGINAL FORMS AND RETURN THEM BACK.

Inmate/Parolee Signature: _____

Date Submitted: 01-03-2021

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

☐ Cancelled (See attached letter) Date: _____

☐ Accepted at the Third Level of Review. Your appeal issue is:

☐ Granted

☐ Granted in Part

☐ Denied

☐ Other: _____

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant ____/____/____

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because: State reason: (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____

Date: _____

Print Staff Name: _____

Title: _____

Signature: _____

Date: _____

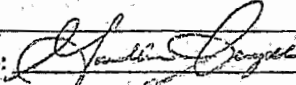
IAB USE ONLY	Institution/Parole Region: 71389	Log #:	Category:
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

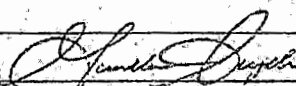
Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): TRUJILLO, GUILLERMO CRUZ	CDC Number: # AA-2974	Unit/Cell Number: # FB-BY-213	Assignment: N/A
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A. Continuation of CDCR 602, Section A only (Explain your issue): OFFICERS S. BALLESTERO, AND THE INSTITUTION WARDEN'S C. PFEIFFER, W.D. SULLIVAN, AND T.S. ARISTE WERE STILL UP SET AT ME FOR FILING CIVIL RIGHTS ACTIONS (LAWSUITS) AGAINST THEM AND WANTED ME ASSAULTED HERE AT NORTH KERN VALLEY STATE PRISON (NKSP) BY SENDING MESSAGES TO PRISON OFFICIALS AT NORTH KERN VALLEY STATE PRISON THAT THEY NEEDED ME ASSAULTED BEFORE BEING TRANSFER BACK TO PELICAN BAY STATE PRISON (P.B.S.P.) AND THAT THESE MESSAGES WERE BEING SENT THROUGH THEM AND OTHER CORRECTIONAL OFFICERS THAT HAD DONE OUT-TO-COURT TRANSFERS OF ME TO THE SUPERIOR COURT OF KERN COUNTY IN THE PAST. OTHER VERBAL THREATS BY OFFICERS THAT ARE EMPLOYED AT NORTH KERN VALLEY STATE PRISON (NKSP) TO NORTH KERN STATE PRISON (NKSP) ARE TO HAVE ME KILLED OUT ON THE MAIN YARD. THIS VIOLATES THE VIOLATION OF TITLE 15 SECTION 3243 (4)(b) RIGHTS AND RESPECT OF OTHERS.

Inmate/Parolee Signature:  Date Submitted: 10-05-20

B. Continuation of CDCR 602, Section B only (Action requested): IN THE COMMISSION OF AN ASSAULT OR BATTERY UPON ANY INMATE. FURTHERMORE, IF ANY OF THE ABOVE MENTIONED TAKES PLACE WILL BE PROSECUTED WITH THE COURT OF LAW. I WOULD ALSO LIKE TO REQUEST A POLYGRAPH EXAMINATION AGAINST ALL CORRECTIONAL OFFICERS LISTED IN THIS COMPLAINT DUE TO THEIR DENIAL OF ALLEGATIONS MADE AGAINST THEM AND THEIR THREATFUL STATEMENTS PER TITLE 15 SECTION 3243 (4)(b)

Inmate/Parolee Signature:  Date Submitted: 10-05-20

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

Inmate/Parolee Signature: _____

Date Submitted: _____

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response):

Inmate/Parolee Signature: _____

Date Submitted: _____

IN THE SUPERIOR COURT
COUNTY OF KERN, STATE OF CALIFORNIA
NOTICE TO DEPARTMENT OF CORRECTIONS

☐ Amended

Date: 9-10-20 CDC# AA2974
Name: Guillermo Trujillo ☒ Defendant ☐ Witness
Court Case Number: DF012000A Bail: \$250.00
Charges: PC 4502(A)

Next Hearing Date:

- ☐ Pre-Preliminary Hearing _____ at _____ am/pm in D- _____
- ☐ Preliminary Hearing _____ at _____ am/pm in D- _____
- ☐ Sentencing _____ at _____ am/pm in D- _____
- ☐ Arraignment _____ at _____ am/pm in D- _____
- ☒ Readiness 10/1/20 at 830 am in D- RH
- ☒ Trial 10/5/20 at 831 am in D- I
- ☐ Motion ** _____ at _____ am/pm in D- _____
- ☐ As Witness _____ at _____ am/pm in D- _____
- ☐ Other: _____

Hearing type: _____ at _____ am/pm in D- _____

☐ Use of reasonable force authorized to transport inmate to court.

*(**If set for a Motion, please contact the respective court one day prior to see if motion was actually filed and the defendant is needed for court)*

Disposition: _____

- ☒ Vacate hearing date: 9/21/20
- ☐ Witness no longer needed.
- ☐ Defendant does not have future court dates.
- ☐ Defendant has been sentenced. ☐ Prison packet to follow

Please note: If defendant paroled prior to next court date, please contact the respective Superior Court immediately so that the court may place a Hold with the Kern County Sheriff's Department.

Judge: JUDGE JUDITH K. DULCICH

Tamara Harber-Pickens, Clerk of the Superior Court

By: [Signature]



Memorandum



To: Claimant

Subject: **TIME-EXPIRED RESPONSE FROM THE OFFICE OF APPEALS**

Thank you for submitting your appeal for review by the California Department of Corrections, Office of Appeals. Pursuant to Title 15, section 3486(i)(10), if the Office of Appeals is not able to respond to a claim in 60 calendar days, as in this case, then the claim must be answered "time-expired." As a result, the answer provided by the Office of Grievances remains unchanged and this appeal is now closed. No further action will be taken by the Department and no appeal of this action is permitted under the regulations.

Also, pursuant to Title 15, section 3485(e), "The appeal package submitted by the claimant shall be stored electronically by the Department. The CDCR Form 602-2 shall contain a notification to the claimant that the documents submitted will not be returned to the claimant." Therefore, your Form 602-2 and any supporting documents are not included with this response.

However, a copy of your entire appeal package is maintained in your Central File. The process for requesting copies of documents contained in Central Files, often referred to as an *Olsen* review, can be found in the Department Operations Manual, sections 13030.16 and 13030.17.

Thank you,

HOWARD E. MOSELEY
Associate Director

14

3004. Rights and Respect of Others.

(a) Inmates and parolees have the right to be treated respectfully, impartially, and fairly by all employees. Inmates and parolees have the responsibility to treat others in the same manner. Employees and inmates may use first names in conversation with each other when it is mutually acceptable to both parties.

(b) Inmates, parolees and employees will not openly display disrespect or contempt for others in any manner intended to or reasonably likely to disrupt orderly operations within the institutions or to incite or provoke violence.

(c) Inmates, parolees and employees will not subject other persons to any form of discrimination because of race, religion, nationality, sex, political belief, age, or physical or mental handicap.

HISTORY:

1. Amendment filed 2-24-77; effective thirtieth day thereafter (Register 77, No. 9).
2. Amendment of subsection (a) filed 9-30-77; effective thirtieth day thereafter (Register 77, No. 40).
3. New subsection (c) filed 4-18-80; effective thirtieth day thereafter (Register 80, No. 16).

(4)

3293. Polygraph Examinations.

(a) Polygraph examinations may be administered by departmental staff to inmates, parolees, and employees in the course of an investigation of official matters, under the following conditions:

(1) The examinee has, without coercion, signed a written statement of consent to the examination.

(2) The polygraph examiner is a Office of Correctional Safety staff member.

(3) The Assistant Secretary or designee, Office of Correctional Safety, has approved the examination.

(b) Polygraph examinations shall not be used as an alternative to regulatory requirements for determining a person's guilt or innocence of charges in disciplinary matters.

NOTE: Authority cited: Section 5058, Penal Code, Reference: Section 3307, Government Code; Section 5054, Penal Code; and *Long Beach City Employees Association v. City of Long Beach* (1986) 41 Cal.3d 937, 227 Cal.Rptr. 90.



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLAIMANT GRIEVANCE CLAIMS DECISION RESPONSE

Re: Grievance Claims Decision Response

Offender Name: TRUILLO, GUILLERMO C

Date: 09/24/2021

CDC#: AA2974

Current Location: PBSP-Facility B

Current Area/Bed: B 005 2 - 205001L

Log #: 000000163580

Claim #: 001

Institution/Parole Region of Origin: Pelican Bay State Prison

Facility/Parole District of Origin: PBSP-Facility B

Housing Area/Parole Unit of Origin:

Category: Offender Resources

Sub-Category: Other Resources - NOS

Our office reassigned your claim concerning Offender Resources;Other Resources - NOS to the Office of Grievances at Kern Valley State Prison.

The Office of Grievances at Kern Valley State Prison will provide a response to your claim on or before 11/13/2021.

Once you receive a response from Kern Valley State Prison and if you are dissatisfied with the decision, you may file an appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

Decision: Reassigned



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

OOG ACKNOWLEDGMENT OF RECEIPT AND CLOSURE OF GRIEVANCE

Offender Name: TRUILLO, GUILLERMO C.

CDC#: AA2974

Date: 09/23/2021

Current Location: PBSP-Facility B

Current Area/Bed: B 005 2205001L

From: Office of Grievances at Pelican Bay State Prison

Re: Log # 000000163580

The California Department of Corrections and Rehabilitation Office of Grievances at Pelican Bay State Prison received your grievance on 09/13/2021. Your grievance has not been assigned for review and response because your claim(s) is being handled as specified below.

Claim # 001:

Our office reassigned your claim concerning Offender Resources; Other Resources - NOS to the Office of Grievances at Kern Valley State Prison.

The Office of Grievances at Kern Valley State Prison will provide a response to your claim on or before 11/13/2021.

Once you receive a response from Kern Valley State Prison and if you are dissatisfied with the decision, you may file an appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

CDCR SOMS OGTT300
OOG ACKNOWLEDGMENT OF RECEIPT AND CLOSURE OF GRIEVANCE

EMERGENCYSTATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (Rev. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
		163580	11/13/2021
FOR STAFF USE ONLY			

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO, GUILLERMO CRUZ	*AA-2974	FB-B5-205	N/A

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

LOST, STOLEN, OR DESTROYED C.D.C.R 602

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): ON THE ABOVE DATE:

APRIL 08, 2021 I WAS CONFINED AT KVEP ASH 2 CELL #152. SGT. R. OLIVAREZ (1GT) SERVED ME WITH A FALSE FABRICATED INFORMATION REGARDING TO SAFETY CONCERN 12B-B CHRONO MAINTAINED BY THE (D.C.R) OF A SUBSTANTIAL RISK TO MY HEALTH.

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD LIKE THIS C.D.C.R 602 PROPERLY INVESTIGATED PROVIDED WITH MY REQUEST TO OBTAIN THE CONFIDENTIAL INFORMATION REPORT BY THE INDIVIDUAL WHO PROVIDED SGT. R. OLIVAREZ THE CONFIDENTIAL INFORMATION. TRACK DOWN THE LOST,

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory, CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason:Inmate/Parolee Signature: [Signature] Date Submitted: 09-03-21☐ By placing my initials in this box, I waive my right to receive an interview.

Palmer Bay State Prison

SEP 13 2021

Appeals Office

STAFF USE

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)Reviewer: _____ Title: _____ Signature: _____
(Print Name)

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____ / ____ / ____

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

INMATE/PAROLEE APPEAL

CDCR 602 (Rev. 03/12)

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Inmate/Parolee Signature: _____

Date Submitted: _____

E. Second Level - Staff Use OnlyStaff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter)☐ Accepted at the Second Level of Review

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)Reviewer: _____ Title: _____ Signature: _____
(Print Name)

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____/____/____

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

Inmate/Parolee Signature: _____

Date Submitted: _____

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant ____/____/____

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because: State reason: (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____

Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.
Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO, GUILLERMO CRUZ	# AA-2974	FB- B5-205	N/A

A. Continuation of CDCR 602, Section A only (Explain your issue): SAFETY. I BELIEVE AND KNOW
THAT THE FALSE INFORMATION INTRODUCED INTO THAT 12B-B CHRONO WAS INTENTIONALLY
WRITTEN BY SGT. R. OLIVAREZ AND HIS COWORKERS TO COMMIT A BATTERY
UPON ME AND HAVE IT DONE BY BLAMING THE STG GROUP OF THEIR OWN
UNLAWFUL MISCONDUCT AS CORRECTIONAL OFFICERS AND AN ALIBI TO COVER
UP THEIR WRITTEN THREAT OR INTIMIDATION OF INJURY TO MY HEALTH. FOR THE
MOST PART APPEAL ~~WAS~~ TIME LIMITS HAVE BEEN EXCEEDED ~~AND~~ NOT BEEN
RESPONDED BY KUSP INMATE APPEALS OFFICE NOR LOG VIOLATION OF TITLE
15 SECTION 3084.8(C)(1)&(2). THIS IS A COMPLAINT.

STAFF USE ONLY

Inmate/Parolee Signature: [Signature] Date Submitted: 09-03-21

B. Continuation of CDCR 602, Section B only (Action requested): STOLEN, OR DESTROYED ORIGINAL 602 DATED: APRIL
08, 2021. IF SGT. OLIVAREZ, DENIES ALL ALLEGATIONS MADE AGAINST HIM WOULD LIKE FOR
HIM TO CONSENT TO A POLYGRAPH EXAMINATION PER: TITLE 15 SECTION 3293(a)&(b).

Inmate/Parolee Signature: _____ Date Submitted: 09-03-21

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

Inmate/Parolee Signature: _____

Date Submitted: _____

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response):

Inmate/Parolee Signature: _____

Date Submitted: _____>

NAME & CDCR #: TRUJILLO, GUILLERMO AA2974

HOUSING: KERN VALLEY STATE PRISON

On April 8, 2021, confidential information was received by the Kern Valley State Prison (KVSP) Institutional Gang Investigations (IGI) Unit which revealed confidential information indicating you; Inmate TRUJILLO (AA2974) may be targeted for assault by members/associates of the MEXICAN MAFIA Security Threat Group-I (STG-I) if housed on a General Population (GP) facility.

During this interview, you were informed of the possible threat to your person. You adamantly denied having any safety and/or enemy concerns by stating, "I don't have any safety concerns. I can go to any mainline", and requested to remain housed on a General Population (GP) facility.

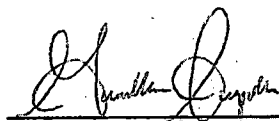

Your signature below will serve as record and your acknowledgment of the following:

You have been informed of a possible threat to your safety to which you denied claiming any safety and/or enemy concerns. You request to remain housed on a GP facility.

Inmate TRUJILLO was advised in the event he experiences safety and/or enemy concerns, he is to notify custody staff immediately. By signing this document, Inmate TRUJILLO agrees he does not have any safety and/or enemy concerns.

I, Guillermo TRUJILLO, AA2974, have been asked to declare any safety and/or enemy concern issues I feel I may have. I have no safety or enemy concerns. I wish to remain on a GP facility. I have been advised to immediately report any safety and/or enemy concern issues to custody staff which may arise in the future.

Comments: I HAVE NO SAFETY CONCERNS HERE AT (KVSP) AND WILL LIKE TO CONTINUE GENERAL POPULATION
HERE OR AT
ANY INSTITUTION.


TRUJILLO, AA2974
R. OLIVAREZ
Correctional Sergeant
Investigative Services Unit
Kern Valley State Prison

Original: C-File
cc: IGI Unit
Inmate

DATE: 04/08/2021

INFORMATIONAL
(SAFETY CONCERNS)

CDCR-128-B

EXHIBIT B



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Institutional Level Assignment Notice

Date: DEC 28 2021

To: TRUILLO, GUILLERMO (AA2974)
B 003 1116001LP
Pelican Bay State Prison
P.O. Box 7000
Crescent City, CA 95531-7000

Tracking #: PBSP HC 21000611

Due Date: 2/28/2022

The Health Care Grievance Office has accepted your health care grievance for response. If you need additional information regarding your health care grievance, contact the health care grievance coordinator at your institution.

California Code of Regulations, Title 15, Section 3999.226(c), states "The grievant has the right to submit one health care grievance every 14 calendar days, unless it is accepted as an expedited grievance. The 14 calendar day period shall commence on the calendar day following the grievant's last accepted health care grievance." Health care grievances submitted in excess of these limitations may be subject to rejection per California Code of Regulations, Title 15, Section 3999.234(a)(1).

If you have additional health care needs, you are advised to utilize approved processes to access health care services in accordance with California Correctional Health Care Services policy.

Health Care Grievance Office Representative
Pelican Bay State Prison



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLAIMANT GRIEVANCE RECEIPT ACKNOWLEDGMENT

Offender Name: TRUILLO, GUILLERMO C.

CDC#: AA2974

Date: 12/28/2021

Current Location: PBSP-Facility B

Current Area/Bed: B 003 1116001L

From: Office of Grievances at Pelican Bay State Prison

Re: Log # 000000202018

The California Department of Corrections and Rehabilitation Office of Grievances at Pelican Bay State Prison received your grievance on 12/24/2021. Your grievance has been assigned for review and response.

Pursuant to California Code of Regulations, title 15, the Office of Grievances will complete its review no later than 02/23/2022.

Please be informed that the Office of Grievances will not respond to any inquiries about the status of a grievance prior to the date shown above.

Once you receive a response and if you are dissatisfied with the decision(s), you may file an appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

CDCR SOMS OGTT300
CLAIMANT GRIEVANCE RECEIPT ACKNOWLEDGMENT



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLAIMANT GRIEVANCE RECEIPT ACKNOWLEDGMENT

Offender Name: TRUILLO, GUILLERMO C.

CDC#: AA2974

Date: 12/24/2021

Current Location: PBSP-Facility B

Current Area/Bed: B 003 1116001L

From: Office of Grievances at Pelican Bay State Prison

Re: Log # 000000199496

The California Department of Corrections and Rehabilitation Office of Grievances at Pelican Bay State Prison received your grievance on 12/17/2021. Your grievance has been assigned for review and response.

Pursuant to California Code of Regulations, title 15, the Office of Grievances will complete its review no later than 02/16/2022.

Please be informed that the Office of Grievances will not respond to any inquiries about the status of a grievance prior to the date shown above.

Once you receive a response and if you are dissatisfied with the decision(s), you may file an appeal with the California Department of Corrections and Rehabilitation Office of Appeals.

CDCR SOMS OGTT300
CLAIMANT GRIEVANCE RECEIPT ACKNOWLEDGMENT

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF APPEALS
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

THIRD LEVEL APPEAL DECISION

Date: January 7, 2021

In re: Guillermo Truillo, AA2974
NKSP

TLR Case No.: 2003528
Local Log No.: PBSP-20-00130

I. ISSUE ON APPEAL:

Appellant alleges on November 1, 2019, Correctional Officer (CO) Z. Nuno started a rumor that he was in his cell touching his genitals. Appellant further alleges that CO Nuno threatened him with physical violence by ordering assaults on him.

II. CONTROLLING AUTHORITY:

A. CONTROLLING AUTHORITY:

- California Penal Code 832.7 and 832.8
- California Code of Regulations, Title 15, (CCR) Section 3084.9(A) and 3391
- Departmental Operations Manual (DOM) Section 33030.3.1 and 54100.25

B. DOCUMENTS CONSIDERED:

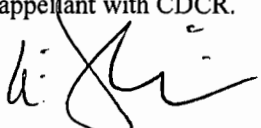
- CDCR 602 Appeal Form Log No.: PBSP-20-00130
- Confidential Supplement Attachment "C" to appeal PBSP-20-00130

III. FINDINGS:

The Office of Appeals (OOA) found by a preponderance of the documented evidence available that all applicable policies were followed and that all relevant decisions and actions by the institution were proper relative to the staff complaint. The allegation of staff misconduct presented in the written complaint was reviewed and completed at the institution (PBSP). The inquiry included a review of the evidence, an evaluation of any interview conducted and a review of current laws, policies and procedures. The appellant was informed that all staff personnel matters are confidential in nature. The inquiry was completed and it was found that staff **did not** violate policy with respect to the issue appealed. The appeal was partially granted in that an inquiry was completed and has been reviewed. The Office of Appeals Examiner reviewed the confidential inquiry (Attachment C) dated March 23, 2020, and concurs with the institution's determination. The institution's response complies with departmental policy and the appellant's staff complaint allegation was properly addressed.

IV. CONCLUSION AND ORDER: DENIED

After a thorough review of all documents and evidence, it is the order of the Office of Appeals that the appeal at the Third Level of Review is **DENIED**. This decision exhausts the administrative remedies available to the appellant with CDCR.


W. SINKOVICH, Appeals Examiner
Office of Appeals

cc: Warden, PBSP
Grievance Coordinator, PBSP, NKSP

State of California

CDC FORM 695

Screening For:

CDC 602 Inmate/Parolee Appeals

CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

Tuesday, January 21, 2020

TRUILLO, AA2974

B 008 2229001L

GRIEVANCE AGST STAFF, , 01/16/2020

Log Number: PBSP-B-20-00130

(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)

The enclosed documents are being returned to you for the following reasons:

Your appeal has been rejected pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.6(b)(6). Your appeal makes a general allegation, but fails to state facts or specify an act or decision consistent with the allegation.

You need to identify what threats of force were made, as this appeal is vague and lacks specific threats. Make the necessary corrections and resubmit this appeal in order to be processed.

☐ K. Royal, Appeals Coordinator

☐ S. Williams, IAO OT

☒ D. Lunsford, SSA

☐ B. Chaucer, SCR LT

Appeals Coordinator

PBSP Appeals Office

Pelican Bay State Prison

FEB 19 2020

Appeals Office

NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.

AT THE BOTTOM OF THE ORIGINAL (C.D.C.R 602) SPECIFY OFFICER NUNEZ VERBAL

THREATS AGAINST ME. THEREFORE WOULD LIKE 602 BYPASS FOR THE NEXT LEVEL

OF REVIEW. THE SPECIFIC THREATS ARE LISTED ON (C.D.C.R FORM 602) PART 2

A SECTION CONTINUATION

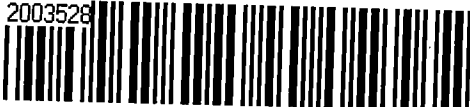
Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

NOTE THIS CDCR 695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

2003528  AA2974	IAB USE ONLY	Institution/Parole Region:	Log #:	Category: <u>A</u>
	PBSP B-20-00130 FOR STAFF USE ONLY			

YOU may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 8084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): TRUJILLO, GUILLERMO CRUZ	CDC Number: #AA-2974	Unit/Cell Number: FB-B8-#229	Assignment: N/A
---	-------------------------	---------------------------------	--------------------

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

Pelican Bay State Prison

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): ON THE ABOVE
DATE: JANUARY 2-3, 2020 DURING SECOND SHIFT OFFICE CONTROL BOOTH
NUÑEZ STARTED TO FOMENT FALSE ACCUSATIONS OF ME MASTURBATING
MASTURBATING TO HER WHILE INSIDE MY ASSIGNED CELL #229 FOR
 B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD LIKE FOR
OFFICER NUÑEZ TO BE PLACED UNDER INVESTIGATION FOR TRYING TO
INCITE AND PROVOKE VIOLENCE WITH FALSE ACCUSATIONS. I WOULD
ALSO LIKE TO CONDUCT A POLYGRAPH EXAMINATION AGAINST HER

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

JAN 16 2020

JAN 16 2020

JAN 16 2020

JAN 16 2020

☐ No, I have not attached any supporting documents. Reason: JAN 16 2020Inmate/Parolee Signature: [Signature] Date Submitted: 01-20-2020☐ By placing my initials in this box, I waive my right to receive an interview.

JAN 16 2020

Appeals Office
Pelican Bay State Prison

FEB 19 2020

Appeals Office

TO HAVE SC Review
Per OOA, PROCESS AS
SR

REC BY OOA

MAR 10 2020

STA

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☒ Yes ☐ No

This appeal has been:

☒ Bypassed at the First Level of Review. Go to Section E.☒ Rejected (See attached letter for instruction) Date: JAN 21 2020☐ Cancelled (See attached letter) Date: _____☐ Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ (Print Name) Title: _____ Signature: _____ Date completed: _____

Reviewer: _____ (Print Name) Title: _____ Signature: _____

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____/____/____

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

BYPASS

Inmate/Parolee Signature: _____

Date Submitted: _____

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☒ Yes ☐ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____

☐ Cancelled (See attached letter)

☒ Accepted at the Second Level of Review

Assigned to: SCR Title: lt. Date Assigned: 3-2-20 Date Due: 4-2-20

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: 3-11-2020

Interview Location: B Program

Your appeal issue is: ☐ Granted ☒ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: LT. B. CHAUCER Title: _____ Signature: [Signature] Date completed: 3-23-2020

Reviewer: [Signature] Title: CDW Signature: [Signature]

Date received by AC: MAR 24 2020

AC Use Only

Date mailed/delivered to appellant: MAR 24 2020

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

I AM DISSATISFIED WITH SECOND LEVEL RESPONSE BECAUSE LT. B. CHAUCER, STATED THAT OFFICER Z. NUNO
DID NOT VIOLATE POLICY PER: C.D.C.R. POLICY WHEN SHE NUNO DID VIOLATE POLICY BY INCITING AND
PROVOKING VIOLENCE TOWARDS I APPELLANT, TRUJILLO, THRU RUMORS OF TOUCHING MY GENITALS, AND
VERBAL THREATS OF PHYSICAL VIOLENCE OF AN ASSAULT TO PREVENT ME FROM REPORTING EMPLOYEE
ILLEGAL MISCONDUCT. SECONDLY LIKE TO ARGUE THAT I REQUESTED FOR A POLYGRAPH EXAMINATION

Inmate/Parolee Signature: [Signature]

Date Submitted: 03-26-2020

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____

☐ Cancelled (See attached letter) Date: _____

☐ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☒ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant: 1-18-21

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____

Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

2003528	IAB USE ONLY	Institution/Parole Region:	Log #:	Category: 7
	PBSP B-20-00130 FOR STAFF USE ONLY			

STAFF COMPLAINT

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO, GUILLERMO CRUZ	#AA-2974	FB-BB-229	N/A

A. Continuation of CDCR 602, Section A only (Explain your issue): THE VERY PURPOSE TO TRY
AN COMMIT ASSAULT OR BATTERY HERE AT PELICAN BAY STATE PRISON
FACILITY B YARD AND HAVE ALSO THREATEN ME WITH THE USE OF FORCE OR
VIOLENCE FOR FILLING A (C.D.C.R FORM 602) IN THE PAST AND BE
DISCRIMINATION. THIS TYPE OF FALSE ACCUSATIONS OF TOUCHING
MY SEXUAL ORGANS OF ONESELF SHALL NOT BE TOLERATED AND PROPERLY
INVESTIGATED. JAN 16 2020

SPECIFIC THREATS:

THE THREATS BY OFFICER NUÑEZ ARE AS FALLOW AM GONNA GET YOU
FUCK UP AND OFF THE YARD. STABB.

Pelican Bay State Prison

JAN 16 2020

Appeals Office

Pelican Bay State Prison

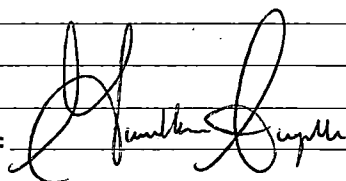
FEB 19 2020

Appeals Office

REC BY OOA

MAR 30 2020

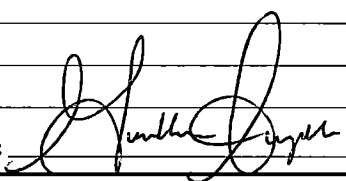
Inmate/Parolee Signature:



Date Submitted: 01-20-2020

B. Continuation of CDCR 602, Section B only (Action requested): DUE TO HER DENIAL OF ALL ALLEGATIONS
MADE AGAINST HER. JAN 16 2020

Inmate/Parolee Signature:



Date Submitted: 01-20-2020

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

BYPASS

Inmate/Parolee Signature: _____

Date Submitted: _____

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response): ON OFFICER Z. NUNO DUE TO HER VERBAL THREATS AND DENIAL OF ALLEGATIONS MADE AGAINST HER UNDER INVESTIGATION MATTERS AND OFFICER NUNO HAS REFUSED TO CONSENT TO THAT POLYGRAPH EXAMINATION PER: TITLE IS SECTION 3293(a)(1) AND (b) THEREFORE I AM DISSATISFIED WITH SECOND LEVEL RESPONSE AND WOULD LIKE TO OBTAIN BETTER REMEDIES TO SOLVE THE PROBLEM.

Inmate/Parolee Signature: _____

Date Submitted: 03-26-2020

Memorandum

Date : **MAR 24 2020**To : TRUILLO, AA2974
Facility: B Unit: 5 Cell: 228
Pelican Bay State PrisonSubject: **STAFF COMPLAINT RESPONSE - APPEAL # PBSP-B-20-00130 SECOND LEVEL RESPONSE**

APPEAL ISSUE: You allege on Friday, November 1, 2019, Correctional Officer (CO) Z. Nuno started rumors that you were touching your genitals. Additionally you allege that CO Z. Nuno threatened you with physical violence by ordering assaults on you.

All issues unrelated to the allegation of staff misconduct must be appealed separately and will not be addressed in this response. You do not exhaust administrative remedies on any unrelated issue not covered in this response or concerning any staff member not identified by you in this complaint. If you are unable to name all involved staff you may request assistance in establishing their identity.

DETERMINATION OF ISSUE: A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal is:

➤ Being processed as an Appeal Inquiry.

You were interviewed on Wednesday, March 11, 2020, by Lieutenant B. Chaucer, wherein you reiterated the information contained in the appeal.

Your appeal is PARTIALLY GRANTED in that:

➤ The Appeal inquiry is complete, has been reviewed and all issues were adequately addressed.

The following witnesses were questioned:N/A

Staff: *did* ☐ *did not* ☒ violate CDCR policy with respect to one or more of the issues appealed.

ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.

- As such, the details of any inquiry will not be shared with staff, members of the public, or offender appellants.
- Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. A variety of personnel actions

Page 2

may be initiated by the Department based upon the content of your complaint and the outcome of any investigation or inquiry conducted as a result of your complaint.

- Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

If you wish to appeal the decision and/or exhaust administrative remedies, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's/Third Level of Review. Once a decision has been rendered at the Third Level, administrative remedies will be considered exhausted.

Print: B. Chaucer, Lieutenant
Interviewer

Sign:

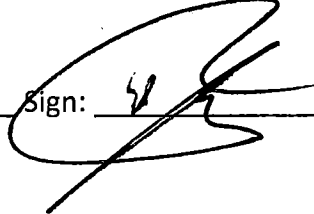


Date:

3.23.2020

Print: Jim Robertson, Warden
Reviewing Authority

Sign:



Date:


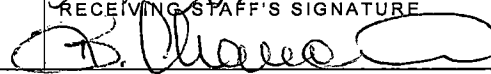
3/23/2020

RIGHTS AND RESPONSIBILITY STATEMENT

The California Department of Corrections and Rehabilitation has added the department language (shown inside brackets, in non-boldface type) for clarification purposes.

Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER [this includes a departmental peace officer] FOR ANY IMPROPER POLICE [or peace] OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' [or inmates'/parolees'] COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN [or inmate/parolee] COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

COMPLAINANT'S PRINTED NAME N/A	COMPLAINANT'S SIGNATURE N/A	DATE SIGNED N/A	
INMATE/PAROLEE PRINTED NAME TRUILLO	INMATE/PAROLEE'S SIGNATURE 	CDC NUMBER AA2974	DATE SIGNED 03-11-2020
RECEIVING STAFF'S PRINTED NAME LT. B. CHAUCER	RECEIVING STAFF'S SIGNATURE 	DATE SIGNED 3-11-2020	

DISTRIBUTION:
ORIGINAL -
Public - Institution Head/Parole Administrator
Inmate/Parolee - Attach to CDC form 602
Employee - Institution Head/Parole Administrator
COPY - Complainant

APPEALS EFFECTIVE COMMUNICATION CONFIRMATION

INMATE NAME	CDCR NUMBER	HOUSING	APPEAL LOG#	TABE Score
TRUILLO	AA2914	B5-228	PBSP-B-20-00130	1.8

A. DOES THE INMATE HAVE DISABILITIES OR COMMUNICATION ISSUES?

1. ☒ Reads and comprehends without assistance (asked inmate or confirmed by past records).
 2. ☐ No disabilities or effective communication needs found after review of DECS & TABE/Learning Disability lists.

STOP! IF ITEMS #1 AND #2 ARE BOTH CHECKED, GO TO SECTION B. SIGN AND DATE.

3. ☒ Identified with a disability or effective communication need (check all that apply):

- ☒ TABE 4.0 or lower, or no score ☐ Hearing ☐ Learning disability
☐ Requires reading/comprehension assistance ☐ Vision ☐ Developmental disability
☐ Foreign language speaking ☐ Speech ☐ EOP ☐ CCCMS

B. APPEAL INTERVIEW

1. How was assistance provided? Check all that apply.

- ☒ Simple English spoken slowly & clearly ☒ Inmate stated no need for EC assistance ☐ Large print material used
☐ Read documents to inmate ☐ Used text magnifier ☐ Lip reading
☐ Inmate was wearing hearing aid(s) ☐ Sign language interpreter used; Name: _____
☐ Written notes used (notes attached) ☐ Language interpreter used; Name: _____
☐ Other: _____

2. How was effective communication achieved? Check all that apply.

- ☒ Inmate reiterated in his own words, what was explained.
☒ Inmate provided appropriate, substantive responses to questions asked.
☒ Inmate asked appropriate questions regarding the information provided.
☐ Inmate did not appear to understand the communication, even though the primary method of communication was used.
☒ Other: TRUILLO DECEASED SA

B. Chaucer, Lieutenant

Printed Name & Title

Signature

Date

STOP! DO NOT FILL OUT SECTION C OR D UNLESS PROVIDING ASSISTANCE WITH COMPLETED RESPONSE AS DIRECTED BY THE APPEALS OFFICE

C. APPEAL RESPONSE - FIRST LEVEL

1. How was assistance provided?

- ☐ Effective communication assistance was provided as identified in Section B, #1 of this form.

2. How was effective communication achieved?

- ☐ Effective communication assistance was provided as identified in Section B, #2 of this form.

Additional Comments:

Printed Name & Title

Signature

Date

D. APPEAL RESPONSE - SECOND LEVEL

1. How was assistance provided?

- ☐ Effective communication assistance was provided as identified in Section B, #1 of this form.

2. How was effective communication achieved?

- ☐ Effective communication assistance was provided as identified in Section B, #2 of this form.

Additional Comments:

Printed Name & Title

Signature

Date

3004. Rights and Respect of Others.

(a) Inmates and parolees have the right to be treated respectfully, impartially, and fairly by all employees. Inmates and parolees have the responsibility to treat others in the same manner. Employees and inmates may use first names in conversation with each other when it is mutually acceptable to both parties.

→ (b) Inmates, parolees and employees will not openly display disrespect or contempt for others in any manner intended to or reasonably likely to disrupt orderly operations within the institutions or to incite or provoke violence.

(c) Inmates, parolees and employees will not subject other persons to any form of discrimination because of race, religion, nationality, sex, political belief, age, or physical or mental handicap.

HISTORY:

1. Amendment filed 2-24-77; effective thirtieth day thereafter (Register 77, No. 9).

2

Pelican Bay State Prison

JAN 16 2020

Appeals Office

(4)

3293. Polygraph Examinations.

(a) Polygraph examinations may be administered by departmental staff to inmates, parolees, and employees in the course of an investigation of official matters, under the following conditions:

(1) The examinee has, without coercion, signed a written statement of consent to the examination.

(2) The polygraph examiner is a Office of Correctional Safety staff member.

(3) The Assistant Secretary or designee, Office of Correctional Safety, has approved the examination.

(b) Polygraph examinations shall not be used as an alternative to regulatory requirements for determining a person's guilt or innocence of charges in disciplinary matters.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 3307, Government Code; Section 5054, Penal Code; and *Long Beach City Employee's Association v. City of Long Beach* (1986) 41 Cal.3rd 937, 227 Cal.Rptr. 90.

§ 3401.6

DEPARTMENT OF CORRECTIONS

3401.6. Staff Sexual Harassment.

- (a) Staff Sexual Harassment. For the purpose of the Prison Rape Elimination Act policy, staff sexual harassment means repeated verbal comments or gestures of a sexual nature to an offender by a staff member, volunteer, or contractor, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
- (b) Penalties. All allegations of staff sexual harassment shall be subject to review and investigation, and when appropriate, to disciplinary action and/or criminal prosecution.
- (c) Reporting Requirements. Any employee who observes, or who receives information from any source concerning staff sexual harassment shall immediately report the information or incident directly to the hiring authority, unit supervisor, or highest-ranking official on duty. Failure to accurately and promptly report any incident, information or facts which would lead a reasonable person to believe staff sexual harassment has occurred may subject the employee who failed to report it to disciplinary action.
- (d) Retaliation Against Inmates/Parolees. Retaliatory measures against inmates/parolees who report incidents of staff sexual harassment shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent an inmate/parolee from reporting sexual harassment.
- (e) Protection Measures. Multiple protection measures may be considered to protect inmate victims who report staff sexual harassment or cooperate with staff sexual harassment investigations including, but not limited to housing changes or transfers for inmate victims, removal of alleged staff from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting staff sexual harassment or for cooperating with investigations.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 289.6, 293.5 and 5054, Penal Code; Section 6254, Government Code; and 28 CFR Sections 115.67 and 115.76.

HISTORY:

1. New section filed 10-20-2016; operative 10-20-2016 pursuant to Government Code section 11343.4(b)(3). (Register 2016, No. 43).

3402. Central File.

(a) Within the scope of their assigned duties, employees are encouraged to consult an inmate's central file for assistance in better understanding the inmate. The contents of the inmate's file are private and privileged information. It will not be discussed with other persons except as is necessary for professional reasons, and will not be the subject of banter between employees or between employees and the inmate to whom it pertains or with other inmates. Information in an inmate's central file may be confidential by law or for reasons relating to institution security and the safety of persons. Such confidential or restricted information must not be disclosed to persons who are not authorized by law and departmental policy and procedures to receive such information.

(b) The central file of a parolee or an inmate may not be removed from the appropriate case records office or an institution without the prior knowledge and approval of the supervising records officer who is responsible for the control and maintenance of the file. Temporary transfer of a central file to another agency for any reason also requires the prior approval of the supervising records officer.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

HISTORY:

1. Amendment filed 2-24-77; effective thirtieth day thereafter (Register 77, No. 9).

3404.1. Approval of Ex-Offender Employee Transactions.

Relationships involving business and financial transactions between ex-offender employees and other employees shall require the advance approval of each person's hiring authority and also of the regional parole administrator with jurisdiction over any employee on parole.

NOTE: Authority cited: section 5058, Penal Code. Reference: section 5054, Penal Code.

HISTORY:

1. Renumbering and amendment of former section 3404 to new section 3404.1 filed 11-30-93; operative 12-30-93 (Register 93, No. 49).

3405. Legal Assistance to Inmates and Parolees.

Employees must not assist an inmate or parolee in the preparation of any legal document, or give any form of legal advice or service, except as specifically authorized by the warden, superintendent or regional administrator. Employees should help inmates and parolees to find qualified assistance for their legal problems.

Comment: Former DR-5216, petitions and writs.

3406. Committed Relatives and Friends of Employees.

If an employee becomes aware that any relative or person with whom the employee has or has had either a personal or business relationship, has been committed to or transferred to the jurisdiction of the department, the employee shall notify in writing, the employee's institution head or appropriate director/assistant secretary of that fact.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Section 5054, Penal Code.

HISTORY:

1. Amendment of section heading and section, repealer of Comment, and new Note filed 9-13-96 as an emergency; operative 9-13-96. A Certificate of Compliance must be transmitted to OAL by 2-24-97

Kein Valley State Prison
Ad Seg Unit 2 - North

Kein Valley State Prison
Ad Seg Unit 2 - North

CTIONS AND REHABILITATION

- 340 (c) Staff Sexual Misconduct.
- (a) For the purposes of this section, staff sexual misconduct means any sexual behavior by a departmental employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, which involves or is directed toward an inmate or parolee. The legal concept of "consent" does not exist between departmental staff and inmates/parolees; any sexual behavior between them constitutes sexual misconduct and shall subject the employee to disciplinary action and/or to prosecution under the law. Sexual misconduct includes, but is not limited to:
- (1) Influencing or offering to influence an inmate's/parolee's safety, custody, housing, privileges, parole conditions or programming, or offering goods or services, in exchange for sexual favors; or
- (2) Threatening an inmate's/parolee's safety, custody, housing, privileges, work detail, parole conditions or programming because the inmate/parolee has refused to engage in sexual behavior; or
- (3) Engaging in sexual act(s) or contact, including:
- (A) Sexual intercourse; or
- (B) Sodomy; or
- (C) Oral Copulation; or
- (D) Penetration of genital or anal openings by a foreign object, substance, instrument or device for the purpose of sexual arousal, gratification, or manipulation; or
- (E) Rubbing or touching of the breasts or sexual organs of another or of oneself, in the presence of and with knowledge of another, for the purpose of sexual arousal, gratification, or manipulation; or
- (F) Invasion of privacy, beyond that reasonably necessary to maintain safety and security; or disrespectful, unduly familiar, or sexually threatening comments directed to, or within the hearing of, an inmate/parolee.
- (4) Display by staff, in the presence of an inmate, of the staff person's uncovered genitalia, buttocks, or breast;

- (5) Voyeurism by a staff person including volunteers or independent contractors. Voyeurism is defined as an invasion of privacy of an offender by staff for reasons unrelated to official duties.
- (b) Penalties. All allegations of staff sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution.
- (c) Reporting Requirements. Any employee who observes, or who receives information from any source concerning staff sexual misconduct, shall immediately report the information or incident directly to the hiring authority, unit supervisor, or highest-ranking official on duty. Failure to accurately and promptly report any incident, information or facts which would lead a reasonable person to believe sexual misconduct has occurred may subject the employee who failed to report it to disciplinary action.
- (d) Confidentiality. Alleged victims who report criminal staff sexual misconduct falling into one of the Penal Code section set forth in Government Code Section 6254(f)(2) shall be advised that their identity may be kept confidential pursuant to Penal Code Section 293.5, upon their request.
- (e) Retaliation Against Employees. Retaliatory measures against employees who report incidents of staff sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, unwarranted denials of promotions, merit salary increases, training opportunities, or requested transfers; involuntary transfer to another location/position as a means of punishment; or unsubstantiated poor performance reports.
- (f) Retaliation Against Inmates/Parolees. Retaliatory measures against inmates/parolees who report incidents of staff sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent an inmate/parolee from reporting sexual misconduct.
- (g) Protection Measures. Multiple protection measures shall be considered to protect inmate victims who report staff sexual misconduct or cooperate with staff sexual misconduct investigations including but not limited to housing changes or transfers for inmate victims, removal of alleged staff from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting staff sexual misconduct or sexual harassment or for cooperating with investigations.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 289.6, 293.5 and 5054, Penal Code; and Section 6254, Government Code; and 28 CFR Section 115.67.

HISTORY:

1. New section filed 6-21-2000 as an emergency; operative 6-21-2000 (Register 2000, No. 25). Pursuant to Penal Code section 50581(e), a Certificate of Compliance must be transmitted to OAL by 11-28-2000 or emergency language will be repealed by operation of law on the following day.
2. Certificate of Compliance as to 6-21-2000 order transmitted to OAL 10-5-2000 and filed 11-6-2000 (Register 2000, No. 45).
3. Amendment of subsection (d) and repealer of subsection (g) filed 3-20-2002; operative 4-19-2002 (Register 2002, No. 12).
4. Change without regulatory effect amending subsection (a) filed 3-11-2013 pursuant to section 100, title 1, California Code of Regulations (Register 2013, No. 11).
5. Amendment of section heading and subsection (a), new subsections (a)(4)-(5), amendment of subsections (b)-(f), new subsection (g) and amendment of Note filed 10-20-2016; operative 10-20-2016 pursuant to Government Code section 11343.4(b)(3) (Register 2016, No. 43).



CALIFORNIA DEPARTMENT of
Corrections and Rehabilitation

CLAIMANT GRIEVANCE CLAIMS DECISION RESPONSE

Re: Grievance Claims Decision Response

Offender Name: TRUILLO, GUILLERMO C

Date: 12/04/2021

CDC#: AA2974

Current Location: PBSP-Facility B

Current Area/Bed: B 003 1 - 116001L

Log #: 000000178575

Claim #: 001

Institution/Parole Region of Origin: Pelican Bay State Prison

Facility/Parole District of Origin: Pelican Bay State Prison

Housing Area/Parole Unit of Origin:

Category: General Employee Performance

Sub-Category: Other Staff Misconduct - NOS

The California Department of Corrections and Rehabilitation (CDCR) Office of Grievances at Pelican Bay State Prison received your claim on 10/22/2021.

California Code of Regulations, title 15, provides CDCR Office of Grievances 60 calendar days to complete a response.

Although 60 calendar days have passed since your claim concerning General Employee Performance; Other Staff Misconduct - NOS was received, your claim is still under inquiry or investigation. Due to the expiration of time, this response by the Office of Grievances will be the only response.

You will be notified once the inquiry or investigation of the issue concerning your claim has been completed, but the notification will be outside of the timeframe of the Grievances and Appeals Process. You do not need to resubmit this claim to CDCR.

Decision: Under Investigation

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR-0602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
		178575	12/22/2021
FOR STAFF USE ONLY			

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO GUILLERMO CRUZ	AA-2974	FB-B5-205	N/A

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): I AM FILING THIS C.D.C.R 602 GRIEVANCE AGAINST THE FOLLOWING C/O'S A. DAVIS, LOPEZ, T. JOHNSON, THOMPSON, AND AUSTIN BECAUSE SINCE MY ARRIVAL HERE TO FACILITY B, BUILDING EIGHT FROM FACILITY A BUILDING ONE, I BEEN THREATENED OF ASSAULT, STATEMENT
 B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD LIKE FOR THE ABOVE LISTED OFFICERS TO BE PLACED UNDER INVESTIGATION BECAUSE IF ANY OF THE ABOVE MENTIONED TAKES PLACE THEY WILL BE PROSECUTED WITH THE LOCAL COURTS. IF THE OFFICERS LISTED DENY ALL ALLEGATIONS MADE

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason: _____

Inmate/Parolee Signature: [Signature] Date Submitted: 10-18-2021

☐ By placing my initials in this box, I waive my right to receive an interview.

Police Department Prison
02/22/2021
Appeals Office

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

- ☐ Bypassed at the First Level of Review. Go to Section E.
☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____
☐ Cancelled (See attached letter) Date: _____
☐ Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____

(Print Name)

Reviewer: _____ Title: _____ Signature: _____

(Print Name)

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____/____/____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
 CDCR-0802 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 802-A.

Inmate/Parolee Signature: _____

Date Submitted: _____

E. Second Level - Staff Use OnlyStaff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter)☐ Accepted at the Second Level of Review

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)Reviewer: _____ Title: _____ Signature: _____
(Print Name)

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant ____/____/____

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 802-A.

Inmate/Parolee Signature: _____

Date Submitted: _____

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant ____/____/____

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because: State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____

Date: _____

Print Staff Name: _____

Title: _____

Signature: _____

Date: _____

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR-0602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO, GUILLERMO CRUZ	AA-297	F13-B5-205	N/A

A. Continuation of CDCR 602, Section A only (Explain your issue): MADE ARE AS FOLLOW HOW WANT HIM
BEATEN HERE AT (P.B.S.P) OTHER STATEMENTS MADE THE FOLLOWING OFFICERS WE WANT
HIM WITH A CELL-MATE TO GET HIM INVOLVED IN A PHYSICAL ALTERCATION OR STABB
AT (NKS) OR (KUSP) WHEN OUT FOR COURT PROCEEDING. VIOLATION OF TITLE 15
SECTION 3004 (a) d (c) RIGHTS AND RESPECT OF OTHERS.

Inmate/Parolee Signature: [Signature] Date Submitted: 10-18-21

STAFF USE ONLY

B. Continuation of CDCR 602, Section B only (Action requested): AGAINST THEM WOULD ALSO LIKE TO CONSENT TO
A POLYGRAPH EXAMINATION PER TITLE 15 SECTION 3293 (4)(b)

Inmate/Parolee Signature: [Signature] Date Submitted: 10-18-21

EXHIBIT B

OIGOFFICE of the
INSPECTOR GENERALRoy W. Wesley, Inspector General
Bryan B. Beyer, Chief Deputy Inspector General

Independent Prison Oversight

Regional OfficesSacramento
Bakersfield
Rancho Cucamonga

November 3, 2021

Guillermo Trujillo, AA2974
North Kern State Prison
P.O. Box 567
Delano, CA 93216-5000

Dear Guillermo Trujillo,

The Office of the Inspector General (OIG) has received the correspondence on May 21, 2021, where you alleged you submitted three 602's regarding sexual assault allegations toward you, which you alleged to be false. You alleged that none of your appeals have been logged into the inmate of appeals office violation.

The OIG reviewed institutional records. According to institutional records, you have filed several appeals and have received responses at the institutional and to the Office of Appeals level. Based on our review, it appears that institution and headquarters staff responded to your requests and resolved your issues in compliance with the department policies. The OIG's review did not identify any potential policy violations or issues regarding your appeals at the institutional or at the Office of Appeals level of review.

Please note that the OIG does not have the authority to compel the CDCR to adopt or change its appeal findings, nor do we have the authority to perform investigations into allegations of staff misconduct. If you believe that CDCR failed to appropriately address your concerns, or you have exhausted your appeals, or you are dissatisfied with your appeal decision, you may choose to submit your complaint to the courts. Further, the OIG has no jurisdiction to conduct an investigation; however, the Governor, the Senate Committee on Rules, or the Speaker of the Assembly, may request the OIG to conduct an authorized review. Also, as part of our statutory mandates, our regional field office staff monitors the internal affairs investigations and employee disciplinary process of CDCR and works directly with prison administrators to resolve issues at the local level.

INTAKE AND REVIEW UNIT
Office of the Inspector General

BR: 21-0039400-PI



Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 1 of 122

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF CALIFORNIA.

FILED
Apr 20 2020
SUSAN Y. SOONG
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
OAKLAND

(1 of 1)

GUILLERMO TRUJILLO CRUZ,
PLAINTIFF,
VS.
S. TENCHER AND JARVIS, ET AL,
DEFENDANTS,

CASE NO. 20-CV-2714-HSG
" 42 U.S.C. 1983 COMPLAINT
DEMAND JURY TRIAL "

JURISDICTION & VENUE:

THIS IS A CIVIL RIGHTS ACTION AUTHORIZED BY 42 U.S.C. 1983, TO REDRESS THE
DEPRIVATION UNDER COLOR OF STATE LAW OF RIGHTS SECURED BY THE CONSTITUTION
OF THE UNITED STATES. THE NORTHERN COURT HAS JURISDICTION UNDER 28 U.S.C.
1331 AND 1343. PLAINTIFF SEEKS DECLARATORY RELIEF PURSUANT TO 28 U.S.C.
2201 AND 2202.

THE NORTHERN DISTRICT OF CALIFORNIA IS THE APPROPRIATE VENUE UNDER
28 U.S.C. 1391(b)(2) BECAUSE IT IS WHERE THE EVENTS GIVING RISE TO THE CLAIM
OCCURRED.

PLAINTIFFS & DEFENDANTS:

PLAINTIFF, GUILLERMO TRUJILLO CRUZ, IS AND ALL TIMES MENTION HEREIN IS
A STATE PRISONER IN THE CUSTODY OF THE CALIFORNIA DEPARTMENT OF CORREC-
TIONS AND REHABILITATIONS. WHO IS CURRENTLY CONFINED AT PELICAN BAY
STATE PRISON.

DEFENDANT, TENCHER, AND OFFICER JARVIS, ARE BOTH CORRECTIONAL
OFFICER AT PELICAN BAY STATE PRISON. WHO AT ALL TIMES MENTIONED IN THIS
COMPLAINT HELD THE RANK OF PRISON GUARDS AT PELICAN BAY STATE PRISON,
FACILITY A YARD. BOTH DEFENDANTS ARE SUED IN THEIR OFFICIAL CAPACITY



Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 2 of 122

1 AND INDIVIDUALLY. AT ALL TIMES MENTIONED IN THIS COMPLAINT EACH
2 DEFENDANT ACTED UNDER THE COLOR OF STATE LAW.

(2 OF 2)

FACTUAL ALLEGATIONS:

4 AT ALL TIMES RELEVANT TO THIS CASE PLAINTIFF, GUILLERMO TRUJILLO CROZ,
5 WAS CONFINED AT PELICAN BAY STATE PRISON, FACILITY A YARD, BUILDING
6 SIX, SECTION-B, CELL #115.

8 DURING MY ARRIVAL BACK TO PELICAN BAY STATE PRISON FROM NORTH KERN
9 STATE PRISON FOR OUT-TO-COURT PROCEEDINGS CASE NO. #DF02066A.
10 DEFENDANTS, TENCHER AND JARVIS, DURING THEIR SECOND WATCH SHIFTS OR ON
11 DUTY ON A DAILY BASIS WOULD START A CAMPAIGN OF HARASSMENT IN
12 "RETALIATION" TOWARDS PLAINTIFF, FOR REPORTING SERIOUS EMPLOYEE MISCONDUCT
13 AGAINST THEIR FELLOW CO-WORKER WHILE PLAINTIFF WAS CONFINED ON FACILITY
14 B-YARD AND IN OTHER BUILDINGS WHILE HOUSED IN OTHER BUILDINGS WITHIN
15 FACILITY A-YARD. THE CAMPAIGN OF HARASSMENT "AND" RETALIATION INCLUDED
16 SEXUAL HARASSMENT, VERBAL THREATS OF PHYSICAL INJURY TO PREVENT PLAINTIFF
17 FROM CONTINUING FROM FILING (C.D.C.R FORM 602'S) AND/OR LAWSUITS, AND
18 ORDERS OF PHYSICAL ASSAULTS THROUGH FELLOW INMATES, BY TELLING PLAINTIFF,
19 WE ARE GOINGNA GET YOU FUCK UP AND OFF THE YARD.
20

22 ON DECEMBER 11-12, 2018, DEFENDANTS, TENCHER AND JARVIS WOULD ON A
23 DAILY BASIS WOULD BRIDE WITH GETTING SEXUALLY ACTIVE WITH ME IF I
24 PLAINTIFF, ENGAGE IN SEXUAL ACTS OF EXPOSING MY GENITALS (PENIS), TOUCH
25 OR RUB MY SEXUAL ORGAN IN FRONT OF THEM THROUGH THE OUTSIDE OF MY CLOTHING
26 WHILE CONFINED IN MY ASSIGNED CELL # 115. TO INTENTIONALLY BLACKMAIL ME
27 AND/OR MANIPULATE ME AND FINALLY ULTIMATELY HAVE ME ASSAULTED ON THE
28 MAIN YARD. THESE ACTIONS TOOK PLACE BY OFFICER TENCHER ON A DAILY BASIS
ON HER SHIFTS SINCE SHE WAS A REGULAR ASSIGNED STAFF IN BUILDING SIX.

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 3 of 122

WITH OFFICER JARVIS, ILLEGAL ACTIONS TOOK PLACE FROM DECEMBER 11-12, 2018 (3 OF 3)
 WHEN SHE WAS ON SHIFT COVERING UP COLLEAGUES' SHIFTS DEFENDANT, JARVIS
 IS NOT A REGULAR STAFF ASSIGNED TO BUILDING SIX. FURTHERMORE, ONCE BOTH
 DEFENDANTS, TINCHER AND JARVIS, KNEW PLAINTIFF, TRUJILLO, WAS NOT FIGHTING
 FOR THEIR SEXUAL ADVANCES BOTH OFFICER WOULD THEN START TO FUMENT FALSE
 LIES OF IT, PLAINTIFF, EXPOSING AND MASTURBATING TO THEM IN PLAIN VIEW OF
 THEIR PRESENCE TO INCITE AND PROVOKE VIOLENCE TO HAVE ME ASSAULTED ON THE
 MAIN YARD. THESE INCIDENTS OCCURRED EVERY DAY AND HAVE CONTINUED TO BE AN
 ON GOING PROBLEM 'TILL THIS DAY. "IN RETALIATION" TOWARDS ME FOR COMPLAINING
 ABOUT THE PROBLEM THROUGH PRISON GRIEVANCES ABOUT DEFENDANTS AND COLLEAGUES
 VERBAL THREATS AND SEXUAL HARASSMENT FROM 2016 THROUGH 2018. SEE ALL
 ATTACHED (C.D.C.R FORM 602S) THAT HAVE BEEN EXHAUSTED AT THE THIRD LEVEL
 APPEAL DECISION AS EXHIBITS (A-H) TO SUPPORT ALLEGATIONS ON COMPLAINT.

WHERE PLAINTIFF, GUILLERMO TRUJILLO CRUZ, HAS CONTACTED THE OFFICE OF
 INTERNAL AFFAIRS IN SACRAMENTO TO CONDUCT AN INVESTIGATION AND CEASE
 PRISON OFFICIALS UNLAWFUL MISCONDUCT WITH NO RESOLUTION TO SOLVE
 THE PROBLEM SAME WITH THE OFFICE OF THE INSPECTOR GENERAL. SEE ATTACHED
 RESPONSES FROM BOTH AGENCIES (ATTACHMENTS A) AS SUPPORTING EVIDENCE.

THE MEMORANDUMS DATED MARCH 27, 2020, OF THE FOLLOWING STAFF COMPLAINTS
 RESPONSES ON APPEALS THAT HAVE NOT BEEN FULLY EXHAUSTED ARE ALSO SUPPORTING
 EVIDENCE OF PRISON OFFICIALS ON GOING HARASSMENT IN "RETALIATION" APPEAL
 LOG# P.B.S.P.-0-19-00272, APPEAL LOG# P.B.S.P.-0-19-00273, APPEAL LOG# P.B.S.P.-
 0-19-00275, AND APPEAL LOG# P.B.S.P.-0-19-00278.

FURTHERMORE, PLAINTIFF, GUILLERMO TRUJILLO CRUZ, WOULD LIKE TO ADDRESS
 TO THE COURTS THAT DEFENDANTS, TINCHER AND JARVIS, AND COLLEAGUES
 "CAMPAIGN OF HARASSMENT" OF PHYSICAL INJURY AND VERBAL THREATS ARE TO SCARE

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 4 of 122

ME AWAY FROM REPORTING EMPLOYEE ILLEGAL MISCONDUCT THROUGH THE
 PELICAN BAY STATE PRISON GRIEVANCE SYSTEM AND FROM CONTINUING TO
 PURSUE MY CIVIL RIGHTS ACTIONS PURSUANT TO 42 U.S.C. 1983.

WERE I PLAINTIFF, SUFFER PROLONGED FEAR FOR MY HEALTH AND LIFE AS A
 RESULT OF DEFENDANTS', VERBAL THREATS OF PHYSICAL INJURY AND DEATH THREATS
 THAT MAKE THESE THREATS CREDIBLE. THIS TYPE OF CAMPAIGN OF HARASSMENT
 INCLUDED ORDERS BY DEFENDANTS TINKER AND JARVIS, TO HAVE ANONYMOUS
 RESOURCES DO THEIR "DIRTY WORK", BY INTENTIONALLY "SETTING UP" PLAINTIFF, TO
 BE ATTACKED BY OTHER INMATES, OPENING HIS CELL DOOR TO ALLOW THE ATTACK
 ON HIM, TO PROVIDE ME WITH A CELLMATE TO HAVE PLAINTIFF, INVOLVED IN
 PHYSICAL ALTERCATIONS, BEATEN OR KILLED ONCE ON PAROLE. THIS TYPE OF
 VERBAL HARASSMENT HAS BEEN AN ON GOING PROBLEM HERE AT PELICAN BAY
 STATE PRISON BY DEFENDANTS AND THEIR COWORKERS THAT PLACES PLAINTIFF
 UNDER "IMMINENT DANGER OF SERIOUS INJURY" BY PRISON OFFICIALS ENCOURAGING
 AN ORDERING ATTACKS AGAINST PLAINTIFF, MR. TRUJILLO, IN RETALIATION,
 "VENGEANCE, AND VENDETTA" WERE DEFENDANTS, TINKER, JARVIS AND THEIR
 COWORKERS ARE CLEARLY AWARE OF THAT SUBSTANTIAL RISK OF SERIOUS HARM
 PLAINTIFF, TRUJILLO, FACES AND PRETEND NOT TO BE AWARE OF THAT RISK THEY
 STARTED.

BE THEREFORE, WOULD LIKE TO BRING TO THE NORTHERN DISTRICT OF CALIFORNIA
 ATTENTION THAT THE ONLY REASON I PLAINTIFF, GUILLERMO TRUJILLO CEBAL, HAS NOT BEEN
 "MALICIOUSLY AND SADISTICALLY" ASSAULTED ON THE MAIN YARD
 HERE AT PELICAN BAY STATE PRISON IS BECAUSE I HAVE BROUGHT THESE SERIOUS
 ISSUES TO OTHER PEOPLE THAT ARE IN CHARGE OF ME WHO HAVE HIGHER AUTHORITY
 TO PREVENT ME FROM BEING PHYSICALLY ASSAULTED OUT ON THE YARD.

(4 OF 4)

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 5 of 122

1 DEFENDANTS' MALICIOUS AND SADIISTIC SCHEMES TO HAVE OR USE OTHER
 2 ANONYMOUS RESOURCES TO HARM PLAINTIFF, TRUJILLO, RESULTS IN A CONSPIRACY
 3 BETWEEN PRISON OFFICIALS AND ANONYMOUS RESOURCES.

(5 OF 5)

4 DEFENDANTS, FINCHER AND JARVIS, CAMPAIGN OF HARASSMENT OF DEATH
 5 THREATS OR SIMPLE THREAT BY A GUARD TO AN INMATE WITH OUT ANY RESULTING
 6 PHYSICAL HARM STATES AN EIGHT AMENDMENT CLAIM. FOR THE SIMPLE FACT
 7 THAT THE RISK THAT [THE GUARD] THREAT MIGHT BE CARRIED OUT... AMOUNTS
 8 TO A SUFFICIENT SUBSTANTIAL RISK OF SERIOUS DAMAGE TO THE PLAINTIFFS,
 9 FUTURE HEALTH TO BE ACTIONABLE AS AN UNCONSTITUTIONAL CONDITION
 10 OF CONFINEMENT. PLAINTIFF, GUILLERMO TRUJILLO CRUZ, LIKE TO FURTHER
 11 ARGUE THAT DEFENDANTS, HAVE "INTENTIONALLY DISCRIMINATED" AGAINST
 12 PLAINTIFF, FOR REFUSING TO ENGAGE IN UNLAWFUL SEXUAL BEHAVIOR, OR SEXUAL
 13 ACTS OF RUBBING OR TOUCHING OF SEXUAL ORGAN OF ONESELF IN THE PRESENCE
 14 OF AND KNOWLEDGE OF ANOTHER FOR THE PURPOSE OF SEXUAL AROUSAL, GRATIFICATION
 15 OR MANIPULATION, OR INVASION OF PRIVACY BEYOND THAT REASONABLE NECESSARY
 16 TO MAINTAIN SAFETY AND SECURITY.

17 EXHAUSTION OF LEGAL REMEDIES:

18 PLAINTIFF, GUILLERMO TRUJILLO CRUZ, USED THE PRISON GRIEVANCE PROCEDURE
 19 AVAILABLE AT PELICAN BAY STATE PRISON TO TRY AND SOLVE THE PROBLEM BE
 20 FOR IT SCALATES, WHERE THE INMATE APPEALS COORDINATORS STAFF AS WELL
 21 AS THE CHIEF INMATE APPEALS BRANCH HAVE DENIED AND REFUSE TO CORRECT
 22 PRISON OFFICIALS UNLAWFUL MISCONDUCT AT THE THIRD LEVEL REVIEW. SEE
 23 ATTACHED (C.D.C.2 FORM 602'S) (A-H) AS EXHIBITS.

24 LEGAL CLAIMS:

25 PLAINTIFF, REALLEGES AND INCORPORATES BY REFERENCE PARAGRAPHS 1-
 26 DEFENDANTS, FINCHER AND JARVIS, USED AND CONTINUES TO USE VERBAL THREATS
 27
 28



Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 6 of 122

1 PHYSICAL VIOLENCE AND DEATH THREATS TOWARDS PLAINTIFF, AND HIS FAMILY (6 OF 6)
 2 FOR EXERCISING OF MY RIGHTS TO SEEK REDRESS FROM THE PRISON THROUGH USE
 3 OF THE PRISON GRIEVANCE SYSTEM, DEFENDANTS, ARE RETALATING AGAINST
 4 PLAINTIFF, TRUJILLO, UNLAWFULLY, FAILING TO CORRECT THAT MISCONDUCT
 5 AND ENCOURAGING THE CONTINUATION OF THE MISCONDUCT, IN VIOLATION
 6 OF PLAINTIFF, TRUJILLO, RIGHTS UNDER THE FIRST AMENDMENT TO THE
 7 UNITED STATES CONSTITUTION, THESE ILLEGAL ACTIONS ARE CAUSING PLAINTIFF
 8 TRUJILLO, EMOTIONAL DISTRESS AND INJURY TO HIS FIRST AMENDMENT RIGHTS.
 9 PLAINTIFF, GUILLERMO TRUJILLO CRUZ, HAS NO PLAIN, EDQUATE OR
 10 COMPLETE REMEDY AT LAW TO REDRESS THE WRONGS DESCRIBED HEREIN. PLAINTIFF
 11 HAS BEEN⁴ WILL CONTINUE TO BE IRREPARABLY INJURED BY THE CONDUCT OF THE
 12 DEFENDANTS UNLESS THIS COURT GRANTS DECLARATORY RELIEF WHICH PLAINTIFF
 13 SEEKS.

PRAYER FOR RELIEF:

17 WHEREFORE, PLAINTIFF, RESPECTFULLY PRAYS THAT THIS COURT ENTER JUDGMENT;
 18 (1). GRANTING PLAINTIFF, TRUJILLO, A DECLARATION THAT THE ACTS AND OMISSIONS
 19 DESCRIBED HEREIN VIOLATE MY RIGHTS UNDER THE CONSTITUTION AND LAWS OF
 20 THE UNITED STATES, AND
 21 (2). A PRELIMINARY AND PERMANENT INJUNCTION ORDERING DEFENDANTS, JARVIS
 22 AND TENCHER TO CEASE THEIR THREATS OF PHYSICAL VIOLENCE AND DEATH THREATS
 23 TOWARDS PLAINTIFF, TRUJILLO, AND
 24 (3). GRANTING PLAINTIFF, TRUJILLO, COMPENSATORY DAMAGES IN THE AMOUNT OF
 25 \$150,000 AGAINST EACH DEFENDANT, JOINTLY AND SEVERALLY,
 26 (4). PLAINTIFF TRUJILLO, ALSO SEEKS PUNITIVE DAMAGES IN THE AMOUNT OF \$150,
 27 000 AGAINST EACH DEFENDANT, JOINTLY AND SEVERALLY,
 28



Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 7 of 122

(5). PLAINTIFF ALSO SEEKS A JURY TRIAL ON ALL ISSUES TRIABLE BY JURY;
(6). PLAINTIFF FRUTELLO, ALSO SEEKS A POLYGRAPH EXAMINATION AGAINST BOTH
DEFENDANTS, DENIAL OF ALL ALLEGATIONS MADE AGAINST THEM, ACTS OF DISHONESTY,
AND UNPROFESSIONAL MISCONDUCT;
(7). PLAINTIFF FRUTELLO, ALSO SEEKS RECOVERY OF THEIR COSTS IN THIS SUIT, AND
ANY ADDITIONAL RELIEF THIS COURT DEEMS JUST, PROPER, AND EQUITABLE.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND
CORRECT. EXECUTED AT PELICAN BAY STATE PRISON, ON APRIL 12, 2020.

RESPECTFULLY SUBMITTED,
AA-2474
GUILLERMO FRUTELLO CRUZ
PELICAN BAY STATE PRISON
P.O. BOX 7500
CRESCENT CITY, CAL 95532

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 8 of 122

Template Date 4/4/2012
State of California

Attachment E-4
Department of Corrections and Rehabilitation

Memorandum

Date : March 27, 2020

To : Truillo, AA2974
PBSP B5-228L

Subject: STAFF COMPLAINT RESPONSE - APPEAL # PBSP-O-19-00272

Allegations raised in your complaint dated January 23, 2019, have been evaluated. Our review indicates that there was no violation of California Department of Corrections and Rehabilitation policy. Accordingly, no further action will be taken with regard to your complaint.

This response does not limit or restrict the availability of further relief via the inmate appeals process. If you have not already done so, and you wish to further appeal the decision, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's Level of Review.

With the rendering of a decision at the Third Level of Review your administrative remedies will be considered exhausted.

Appeals Coordinator: Please print and sign below:

Name: K. Royal Signature: [Signature] Date: 3-27-20
Appeals Coordinator

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 9 of 122

Template Date 4/4/2012
State of California

Attachment E-4
Department of Corrections and Rehabilitation

Memorandum

Date : March 27, 2020

To : Trujillo, AA2974
PBSP B5-228L

Subject: STAFF COMPLAINT RESPONSE - APPEAL # PBSP-O-19-00273

Allegations raised in your complaint dated January 23, 2019, have been evaluated. Our review indicates that there was no violation of California Department of Corrections and Rehabilitation policy. Accordingly, no further action will be taken with regard to your complaint.

This response does not limit or restrict the availability of further relief via the inmate appeals process. If you have not already done so, and you wish to further appeal the decision, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's Level of Review.

With the rendering of a decision at the Third Level of Review your administrative remedies will be considered exhausted.

Appeals Coordinator: Please print and sign below:

Name: E. Royal Signature: [Signature] Date: 3-27-20
Appeals Coordinator

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 10 of 122

Template Date 4/4/2012
State of California

Attachment E-4
Department of Corrections and Rehabilitation

Memorandum

Date : March 27, 2020

To : Truillo, AA2974
PBSP B5-228L

Subject: STAFF COMPLAINT RESPONSE - APPEAL # PBSP-O-19-00275

Allegations raised in your complaint dated January 17, 2019, have been evaluated. Our review indicates that there was no violation of California Department of Corrections and Rehabilitation policy. Accordingly, no further action will be taken with regard to your complaint.

This response does not limit or restrict the availability of further relief via the inmate appeals process. If you have not already done so, and you wish to further appeal the decision, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's Level of Review.

With the rendering of a decision at the Third Level of Review your administrative remedies will be considered exhausted.

Appeals Coordinator: Please print and sign below:

Name: K. Royal Signature: [Signature] Date: 3-27-20
Appeals Coordinator

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 11 of 122

Template Date 4/4/2012
State of California

Attachment E-4
Department of Corrections and Rehabilitation

Memorandum

Date : March 27, 2020

To : Truillo, AA2974
PBSP B5-228L

Subject: STAFF COMPLAINT RESPONSE - APPEAL # PBSP-O-19-00278

Allegations raised in your complaint dated January 23, 2019, have been evaluated. Our review indicates that there was no violation of California Department of Corrections and Rehabilitation policy. Accordingly, no further action will be taken with regard to your complaint.

This response does not limit or restrict the availability of further relief via the inmate appeals process. If you have not already done so, and you wish to further appeal the decision, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's Level of Review.

With the rendering of a decision at the Third Level of Review your administrative remedies will be considered exhausted.

Appeals Coordinator: Please print and sign below:

Name: L. Royal Signature: [Signature] Date: 3-27-20
Appeals Coordinator

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 12 of 122

ATTACHMENT 1

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 13 of 122

STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS AND REHABILITATION

GAVIN NEWSOM, GOVERNOR

DIVISION OF ADULT INSTITUTIONS

Pelican Bay State Prison
PO Box 7000
Crescent City, CA 95532



Date: JAN 02 2020

TRUILLO, Guillermo, AA2974
Pelican Bay State Prison
Facility: B Unit: 8 Cell: 229L

Dear Inmate Truillo:

This letter is in response to your letters, dated November 14, 2019, and one undated addressed to the Office of Internal Affairs, Sacramento, California. Based upon a review of your correspondence, it has been determined the issues in your letter have already been addressed at the Institutional level from the Inmate Appeals Office. You attached copies of the response documentation showing you have already received for your Staff Complaints, in appeal log numbers PBSP-O-1-01742 and PBSP-A-18-02677. As documented within the enclosed exhibits, both you have received final disposition from Third Level Review; exhausting your remedies with the California Department of Corrections and Rehabilitation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tim Lemos", is positioned above the printed name.

TIM LEMOS
Associate Warden
Central Services

Enclosure: *Original Documents received from OIA to include appeal responses.*

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 14 of 122

TO: OFFICE OF INTERNAL AFFAIRS.

DEAR STATE,

KR

THIS IS THE SECOND LETTER SENT TO YOUR INVESTIGATION UNIT, TO
 INVESTIGATE THE COMPLAINT OF PERSON OFFICIALS THAT THE
 PERSON BY STATE OF TEXAS HAS BEEN CONSPIRACY TO KILL
 THE PRESIDENT OF THE UNITED STATES. PERSON OFFICIALS HAVE
 INTENTIONAL UNLAWFUL ACTIONS THAT CAUSED I MR. TANTILLO;
 TO BE FOR THE STATE AND HAS SUFFERED SEVERE EMOTIONAL
 DISTRESS, FEAR, ANXIETY, AND PHYSICAL DISTRESS.
 THE COMPLAINT VERBAL THREATS MORE THAN FOR ME TO
 REVEAL THIS (C.O.F. 602) UNDER INTERNAL INVESTIGATION WHILE
 YOUR INVESTIGATION UNIT STATE HAS DENIED TO FULLY
 INVESTIGATE. YOUR STATE HAS ALSO STATED THAT THINGS HAVE
 NOT BEEN ANY SIGNIFICANT OR AGGRAVATED INCIDENTS OR ANY
 INAPPROPRIATE BEHAVIOR AND MISCONDUCT ON THE PART OF
 PERSON OFFICIALS. NOTWITHSTANDING THE INVESTIGATIONS MADE
 NO FORMAL FINDINGS OR ANY FURTHER WORKING DESIGN.

THEFORE, REQUESTING YOUR (C.O.F. 602) TO HAVE YOUR
 INVESTIGATION UNIT STATE RE-INVESTIGATE THESE COMPLAINTS
 WITH BETTER PROCEDURES TO CONTACT THE PERSON.
 I'M HOPEFUL TO HEAR FROM YOUR STATE SOON.
 THANK YOU FOR YOUR TIME AND CONSIDERATION!

DATED: Nov. 14, 2019

Sincerely,
 EUGENIO TANTILLO C.O.F. # 2474
 1500 B...

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 15 of 122

STATE of CALIFORNIA

OIG

OFFICE of the
INSPECTOR GENERAL

Roy W. Wesley, Inspector General
Bryan B. Beyer, Chief Deputy Inspector General

Independent Prison Oversight

Regional Offices

Sacramento
Bakersfield
Rancho Cucamonga

February 28, 2020

Guillermo Trujillo, AA2974
Pelican Bay State Prison
P.O. Box 7000
Crescent City, CA 95532-7000

Dear Guillermo Trujillo,

The Office of the Inspector General (OIG) has received your correspondence. We conducted a review into the issues you raised and determined no further intervention is warranted by our office at this time.

In the future, we encourage you to utilize the available administrative grievance remedies until you have received a final decision by the California Department of Corrections and Rehabilitation (CDCR) third level of review. If your appeal is screened out, we recommend you follow the instructions provided by appeals staff and resubmit your appeal to the appeals office within 30 days. If you wish to do so, you may use a CDCR Form 22 as a receipt when submitting your CDCR Form 602 appeal to institutional staff. Please contact your correctional counselor for advice and assistance regarding questions about the process or the status of your appeal/grievance.

If your appeal is canceled, and you dispute the reasons for canceling your appeal, you may file a new appeal disputing the appeal coordinator's reasons for cancellation, explaining why the cancellation was improper or why the appeal should have been processed. You should attach the original appeal and the cancellation notice with any documentation supporting your claim that the appeal was improperly rejected, and submit the whole package to the appeals coordinator. Please note, you must appeal the cancellation within 30 days of the issuance of the CDCR Form 695 (Screening For: CDCR Form 602 Inmate/Parolee Appeals).

Regarding concerns with appeal issues submitted to our office, please include copies of supporting documents such as copies of submitted CDCR Form 602 appeal form and/or CDCR Form 22, if applicable. Also, do not send us originals, as we will not be able to return them.

The OIG is an independent State of California government agency established by law. Our primary responsibility is the independent oversight of California's youth and adult correctional agencies, including the CDCR, the Board of Parole Hearings, and the Prison Industry Authority.

Gavin Newsom, Governor

10111 Old Placerville Road, Suite 110
Sacramento, California 95827
Telephone: (916) 255-1102
www.oig.ca.gov



Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 16 of 122

STATE of CALIFORNIA

OIG

OFFICE of the
INSPECTOR GENERAL

Roy W. Wesley, Inspector General
Bryan B. Beyer, Chief Deputy Inspector General

Independent Prison Oversight

Regional Offices

Sacramento
Bakersfield
Rancho Cucamonga

As part of our statutory mandates, the OIG oversees the internal affairs investigations and employee disciplinary process of the CDCR, monitors CDCR's use-of-force review process, and conducts reviews of CDCR's policies, practices, and procedures. The OIG is not an investigative agency and does not pursue legal action on behalf of inmates.

In the future, if your appeal has been screened out, the OIG recommends you follow directions provided on the Form 695 (Screening For: CDCR 602 Inmate/Parolee Appeals) and resubmit your appeal within 30 days.

Thank you for bringing your concerns to our attention. The OIG considers this matter closed.

INTAKE AND REVIEW UNIT
Office of the Inspector General

AN : 19-0031824-PI

Gavin Newsom, Governor

10111 Old Placerville Road, Suite 210
Sacramento, California 95827
Telephone: (916) 255-3302
www.oig.ca.gov



Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 17 of 122

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: February 28, 2020

To: Guillermo Trujillo, AA2974
Facility B, Housing Unit 5, Cell 228

Subject: REPEATED REQUEST FOR POLYGRAPH EXAMINATIONS OF PEACE OFFICERS

Mr. Trujillo, this letter is to confirm receipt of four (4) California Department of Corrections (CDCR) 22 forms received by Pelican Bay State Prison (PBSP) Investigative Services Unit (ISU). The aforementioned CDCR22 forms were dated January 19, 2019, January 19, 2019, February 23, 2020, and February 23, 2020 (see attached). In each of the four CDCR22 forms, you allege staff misconduct which has either been investigated or is being investigated. In each of the forms, you request the accused officer be subjected to a "polygraph examination" citing California Code of Regulations (CCR) Title 15 section 3293(b).

Mr. Trujillo let me point out 3293(a)(1) wherein the employee must consent to the examination:

3293. Polygraph Examinations.

(a) Polygraph examinations may be administered by departmental staff to inmates, parolees, and employees in the course of an investigation of official matters, under the following conditions:

(1) The examinee has, without coercion, signed a written statement of consent to the examination.

(2) The polygraph examiner is a Office of Correctional Safety staff member.

(3) The Assistant Secretary or designee, Office of Correctional Safety, has approved the examination.

(b) Polygraph examinations shall not be used as an alternative to regulatory requirements for determining a person's guilt or innocence of charges in disciplinary matters.

Mr. Trujillo, I would like to further point out that California Government Code 3307 specifically exempts peace officer from being compelled to submit to a "lie detector" test:

3307. Polygraph Examination; Right to Refuse: Effect

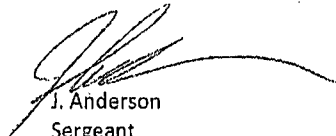
a) No public safety officer shall be compelled to submit to a lie detector test against his or her will. No disciplinary action or other recrimination shall be taken against a public safety officer refusing to submit to a lie detector test, nor shall any comment be entered anywhere in the investigator's notes or anywhere else that the public safety officer refused to take, or did not take, a lie detector test, nor shall any testimony or evidence be admissible at a subsequent hearing, trial, or proceeding, judicial or administrative, to the effect that the public safety officer refused to take, or was subjected to, a lie detector test.

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 18 of 122

Guillermo Trujillo
CDCR22 response
Page 2

(b) For the purpose of this section, "lie detector" means a polygraph, deceptograph, voice stress analyzer, psychological stress evaluator, or any other similar device, whether mechanical or electrical, that is used, or the results of which are used, for the purpose of rendering a diagnostic opinion regarding the honesty or dishonesty of an individual.

In conclusion, your request for polygraph examinations of Departmental Peace Officers cannot be accommodated. If a Departmental Peace Officer consents to a polygraph examination and no cost is incurred to the State of California, you may proceed.


J. Anderson
Sergeant
Investigative Services Unit

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 19 of 122

EXHIBIT A

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 20 of 122
STATE OF CALIFORNIA — DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF APPEALS
P.O. Box 942883
Sacramento, CA 94283-0001

GAVIN NEWSOM, GOVERNOR



OFFICE OF APPEALS
THIRD LEVEL DECISION

March 30, 2020

Truillo, Guillermo, AA2974
PBSP

Dear Mr./Ms. Truillo,

The California Department of Corrections and Rehabilitation (CDCR) Office of Appeals (OOA) received your CDCR Inmate 602 Appeal log number PBSP-19-02138, TLR number 1914223 for the purposes of providing a Third Level Response.

Due to time constraints, OOA will not issue a Third Level Response to your inmate appeal. The Second Level Response to your appeal, previously issued to you, serves as the Department's decision.

This response by the Office of Appeals will be the only response and is not appealable to CDCR.

This action by OOA does not excuse you from exhausting any other administrative remedies that may be required or available to you in relation to your particular claim, including, but not limited to, the Department of General Services Government Claims Program, the Department of Fair Employment and Housing, and the Equal Employment Opportunity Commission.

Office of Appeals
California Department of Corrections & Rehabilitation

cc: Appeals Coordinator

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 21 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

1914223	AA2974	INMATE/PAROLEE REGION: PEBSP 6	Category: 19-08138
---------	--------	---------------------------------------	---------------------------

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3094.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3094 for further guidance with the appeal process. No reprints will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

Name (Last, First): **TIRUJILLO GUILLERMO CRUZ** ID Number: **AA 2974** Case Number: **19-08138** Assessor: **N/A**

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.): **Police Bay State Prison**

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A). **I AM APPEALLING THE CANCELLATION DECISION ON APPEAL NO. 19-08226 BECAUSE IT WAS STATED BY APPEALS COORDINATOR W. LANDAY THAT THIS APPEAL WAS REJECTED ON 11-14-19 PUTTING ME A PPEAL WELL OUTSIDE THE**

B. Action requested (If you need more space, use Section B of the CDCR 602-A): **WOULD LIKE GOZ APPEAL BYPASS FOR SECOND LEVEL REVIEW. SEP 11 2019**

Supporting Documents: Refer to CCR 3094.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory, CDC 126-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason:Inmate/Parolee Signature: *[Signature]* Date Submitted: **09-10-19**☐ By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only		Staff - Check One: Is CDCR 602-A Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This appeal has been:			
<input checked="" type="checkbox"/> Bypassed at the First Level of Review. Go to Section E.			
<input type="checkbox"/> Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____			
<input type="checkbox"/> Cancelled (See attached letter) Date: _____			
<input type="checkbox"/> Accepted at the First Level of Review.			
Assigned to:	Title:	Date Assigned:	Date Due:
First Level Responder: Complete a First Level response. Include interviewer's name, title, title view date, location, and complete the section below.			
Date of Interview:		Interview Location:	
Your appeal issue is: <input type="checkbox"/> Granted <input type="checkbox"/> Granted in Part <input type="checkbox"/> Denied <input type="checkbox"/> Other:			
See attached letter. If dissatisfied with First Level response, complete Section D.			
Interviewer:	Title:	Signature:	Date completed:
Reviewer:	Title:	Signature:	
Date received by AC:			
AC Use Only Date mailed/delivered to appellant: / /			

SEP 11 2019
Appeals OfficeREC BY 00A
NOV 05 2019

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 22 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

BYPASS

Inmate/Parolee Signature:

Date Submitted:

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☒ Yes ☐ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.☐ Rejected (See attached letter for instruction) Date:

Date:

Date:

Date:

☐ Cancelled (See attached letter)☒ Accepted at the Second Level of ReviewAssigned to: APPEALS COORD Title:Date Assigned: 09/13/19 Date Due: 10/13/19

Second Level Response: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: 10/21/19Interview Location: Fac # Unit 1Your appeal issue is: ☐ Granted ☐ Granted in Part ☒ Denied ☐ Other:

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer:

F. LopezTitle: CCRESignature: [Signature]Date completed: 10/21/19

Reviewer:

BEVTitle: CDWSignature: [Signature]Date received by AC: OCT 22 2019

AC Use Only

Date mailed/delivered to appellant:

OCT 22 2019

F. If you are dissatisfied with the Second Level response, explain reason below, attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942889, Sacramento, CA 94289-0001. If you need more space, use Section F of the CDCR 602-A.

I AM DISSATISFIED WITH WARDEN JIM ROBERTSON'S RESPONSE BECAUSE HE HAS CONTINUED TO DENY (C.D.C. FORM 602) UNDER THAT APPELLANT IS UNDER APPEAL RESTRICTION AND THAT PARTICIPATING IN COMPLAINT HAS BEEN RESOLVED WELL OUTSIDE THE REQUIRED 30 DAY TIME FRAME FOR THE VERY PURPOSE NOT TO LET APPELLANT RECESS, CORRECT AND REPRIMAND HIS EMPLOYEES ON THEIR SERIOUS EMPLOYEE MISCONDUCT.

Inmate/Parolee Signature: [Signature]Date Submitted: 10-24-19

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date:

Date:

Date:

Date:

Date:

☐ Cancelled (See attached letter) Date:☒ Accepted at the Third Level of Review. Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☒ Other:

See attached Third Level response

Third Level Use Only

Date mailed/delivered to appellant: MAR 4 0 2020

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because: State reason. (If withdrawal is conditional, list conditions.)

Print Staff Name:

Inmate/Parolee Signature:

Date:

Title:

Signature:

Date:

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 23 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

1914223	IAB USE ONLY	Institution/Parole Region	Log #	Category
	SEP 11 2019 FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.
 Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First)	CDCR Number	Unit/Cell Number	Assignment
TRINIDAD GUILLERMO CRUZ	AA 2474	FB 88-106	N/A

A. Continuation of CDCR 602, Section A only (Explain your issue): REQUIRED 30 DAY TIME
CONSTRAINTS, WHEN THESE ARE ALWAYS SUBMITTED WITHIN
ITS 30 DAY TIME CONSTRAINTS BUT PRISON OFFICIALS WITH HOLD
THESE APPEAL FORMS TO PREVENT APPELLANT FROM FURNISHING EXHAUSTING
ADMINISTRATIVE REMEDIES AND HOLD APPELLANT ACCOUNTABLE FOR
EXCEEDING TIME CONSTRAINTS SEP 11 2019

Pelican Bay State Prison

SEP 11 2019

Appeals Office

REC BY 004

NOV 15 2019

Inmate/Parolee Signature: [Signature] Date Submitted: 09-10-19B. Continuation of CDCR 602, Section B only (Action requested): SEP 11 2019

Inmate/Parolee Signature: _____ Date Submitted: _____

Case 1:22-cv-00177-AWI-CDB Document 1 Filed 02/10/22 Page 120 of 218

DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

Form 1

1. Description of CERTS RITE, Section 1 only (If completed with Third Party request)

2. Description of CERTS RITE, Section 2 only (If completed with Third Party request)

Investigative Signature _____ Date Submitted _____

3. Description of CERTS RITE, Section 3 only (If completed with Third Party request)

Investigative Signature _____ Date Submitted _____

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 25 of 122



PELICAN BAY STATE PRISON
SECOND LEVEL REVIEW

Date: OCT 22 2019

Inmate: TRUILLO, AA2974
Pelican Bay State Prison
Facility: B Unit: 8 Cell: 106L

RE: WARDEN'S LEVEL DECISION
APPEAL LOG NO. PBSP-B-19-02138

APPEAL: DENIED
ISSUE: LEGAL

This matter was reviewed by Jim Robertson, Warden, at Pelican Bay State Prison (PBSP). On October 21, 2019, K. Royal, Correctional Counselor II, conducted the interview at the Second Level Review (SLR). All submitted documentation and supporting arguments have been considered.

ISSUES

The Appellant is appealing the cancellation of appeal Log No. PBSP-A-19-00226. The Appellant states his appeal was rejected on June 14, 2019, well outside the required 30 day time frame. The Appellant claims prison officials hold inmates' appeal forms to prevent the Appellant from exhausting administrative remedies.

The Appellant requests for appeal Log No. PBSP-A-19-00226 to be bypassed to second level for review.

EFFECTIVE COMMUNICATION

The Appellant has been identified with a disability or effective communication need. The Appellant has a Test of Adult Basic Education score of 1.8. The Appellant is not a participant in the Mental Health Services Delivery System. The Appellant reiterated what was in his written appeal and did not have anything to add to his written appeal.

FINDINGS

According to the Inmate Appeals Tracking System (IATS), the Appellant originally submitted appeal Log No. PBSP-A-19-00226 on January 24, 2019. The appeal was rejected by the Inmate Appeals

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 26 of 122

Second Level Review
Inmate: TRUJILLO, AA2974
Appeal Log No. PBSP-B-19-02138
Page 2

Office (IAO) on January 31, 2019, as the Appellant was on appeal restriction and was only allowed one non-emergent appeal every 30 days.

According to the IATS, the Appellant resubmitted the appeal to the IAO on March 12, 2019. The appeal was rejected on March 14, 2019, as the Appellant was instructed to be more specific with the dates and log number he was requesting to appeal.

According to the IATS, the Appellant resubmitted the appeal to the IAO on April 16, 2019. The appeal was rejected on April 19, 2019, as the Appellant was on appeal restriction and was only allowed one non-emergent appeal every 30 days.

According to the IATS, the Appellant resubmitted the appeal to the IAO on June 10, 2019. The appeal was rejected on June 14, 2019, as the Appellant was on appeal restriction and was only allowed one non-emergent appeal every 30 days. The IAO noted the Appellant had an appeal accepted on June 5, 2019.

According to the IATS, the Appellant resubmitted the appeal to the IAO on August 28, 2019. The appeal was cancelled on September 4, 2019, as the appeal was not submitted within the 30 days required. The appeal was submitted 82 days after the appeal was sent to the Appellant for corrections.

SLR notes the Appellant refers to Board of Parole Hearings (BPH) letter dated July 25, 2019, to support his denial for referral to BPH for Non-Violent Offender review. However, the Appellant failed to provide any documents showing as noted in the BPH letter the decision made by the Institution not refer him. The Appellant did however provide a Determinately Sentenced Non-Violent Offender Parole Referral Decision dated April 4, 2019, issued to him from California Correctional Center. It was noted on the form the Appellant will not be referred due to him being scheduled for release within the next 210 days or he is scheduled to begin serving a term for an In-prison crime (also known as a Tate term) within the 210 days.

DETERMINATION OF ISSUE

The California Code of Regulations (CCR), Title 15, Section 3084.1, Right to Appeal, states in part, *The appeal process is intended to provide a remedy for inmates and parolees with identified grievances and to provide an administrative mechanism for review of departmental policies, decisions, actions, conditions, or omissions that have a material adverse effect on the welfare of inmates and parolees. All appeals shall be processed according to the provisions of Article 8, Appeals, unless exempted from its provisions pursuant to court order or superseded by law or other regulations.*

The CCR, Title 15, Section 3084.2, Appeal Preparation and Submittal, states in part, *(f) An inmate or parolee or other person may assist another inmate or parolee with preparation of an appeal*

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 27 of 122

Second Level Review

Inmate: TRUILLO, AA2974

Appeal Log No. PBSP-B-19-02138

Page 3

unless the act of providing such assistance would create an unmanageable situation including but not limited to: acting contrary to the principles set forth in sections 3163 and 3270, allowing one offender to exercise unlawful influence/assume control over another, require an offender to access unauthorized areas or areas which would require an escort, or cause avoidance or non-performance in assigned work and program activities. Inmates or parolees shall not give any form of compensation for receiving assistance or receive any form of compensation for assisting in the preparation of another's appeal. The giving or receiving of compensation is considered misconduct and is subject to disciplinary action.

The CCR, Title 15, Section 3084.5, Screening and Managing Appeals, states in part, (a) Each institution head and parole region administrator shall designate an appeals coordinator at a staff position level of no less than a CCII or Parole Agent II. (b) The appeals coordinator or a delegated staff member under the direct oversight of the coordinator shall screen all appeals prior to acceptance and assignment for review. (3) The inmate or parolee continues to submit a rejected appeal while disregarding appeal staff's previous instructions to correct the appeal including failure to submit necessary supporting documents, unless the inmate or parolee provides in Part B of the CDCR Form 602 (Rev. 08/09), Inmate/Parolee Appeal, a reasonable explanation of why the correction was not made or documents are not available.

The CCR, Title 15, Section 3084.6, Rejection, Cancellation, and Withdrawal Criteria, states in part, (c) (4) Time limits for submitting the appeal are exceeded even though the inmate or parolee had the opportunity to submit within the prescribed time constraints. In determining whether the time limit has been exceeded, the appeals coordinator shall consider whether the issue being appealed occurred on a specific date or is ongoing. If the issue is ongoing, which may include but is not limited to, continuing lockdowns, retention in segregated housing, or an ongoing program closure, the inmate or parolee may appeal any time during the duration of the event; however, the inmate or parolee is precluded from filing another appeal on the same issue unless a change in circumstances creates a new issue..

A thorough review of this matter was conducted at the SLR. The Appellant's request for appeal Log No. PBSP-A-19-00226 to be bypassed to second level for review is **DENIED**, as the IAO appropriately cancelled the appeal in accordance with CCR, Title 15, Section 3084.6.

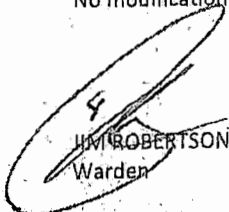
This appeal is **DENIED** at the SLR.

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 28 of 122

Second Level Review
Inmate: TRUILLO, AA2974
Appeal Log No. PBSP-B-19-02138
Page 4

MODIFICATION ORDER

No modification of this decision or action taken is required.


JIM ROBERTSON
Warden

KWR DATE: 9/19/19

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 29 of 122

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

Wednesday, September 4, 2019

TRUILLO, AA2974
B 008 1106001L

LEGAL, Processing of Appeals, 08/28/2019
Log Number: PBSP-A-19-00226

(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)

The enclosed documents are being returned to you for the following reasons:

Your appeal has been cancelled pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.6(c)(10). Failure to correct and return a rejected appeal within 30 calendar days of the rejection.

This appeal was rejected 6/14/19, putting you well outside of the required 30 day time constraint, as you resubmitted the appeal 8/28/19.

☐ K. Royal, Appeals Coordinator
☒ D. Landay, SSA
☐ T. Buchanan, SCR LT.
☐ S. Williams, IAO OT
Appeals Coordinator
PBSP Appeals Office

NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.

SEP 11 2019

Appeals Office

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

NOTE THIS CDCR 695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED.

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 30 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR-0602 (REV. 03/12)Kern Valley State Prison
Adm. Serv. Unit 2
DEPARTMENT OF CORRECTIONS AND REHABILITATION

Slide 1

INMATE/PAROLEE APPEAL	INMATE/PAROLEE REGION	LOG #	CATEGORY
	PBSU	A-19-002340	10
FOR STAFF USE ONLY			

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 16, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUETT, LEO, CLEVELAND ERIC	AA 2974	FA-AL-115	N/A

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

DELAIED OR JUST OF APPEAL

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): ON THE ABOVE DATES
DEC 11-12, 2018, I SUBMITTED A GRIEVANCE COMPLAINT AGAINST BOTH FEMALE
OFFICERS JARVIS AND S. TENCHER FOR THE ABOVE REASON. STATE SEXUAL
HARASSMENT AND HONESTING OF RUMORS. BOTH FEMALE OFFICERS LISTED

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD LIKE FOR
THIS GRIEVANCE COMPLAINT TO BE PROPERLY INVESTIGATED
BY THE OFFICE OF SUPERVISOR'S GENERAL AND WORK DURING THE
OR OFFICIAL GRIEVANCE SUBMITTED ON DECEMBER 11-12, 2018

Supporting Documents: Refer to CCR 3084.3.

☒ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory, CDO, CCR 3083, Classification Chrono):

C.D.C. FORM 22 (10/09) DATED:JAN 13, 2019☐ No, I have not attached any supporting documents. Reason:

Inmate/Parolee Signature:

Date Submitted: JAN-23-2019

By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction) Date: MAR 14 2019☒ Cancelled (See attached letter) Date: SEP 04 2019☐ Accepted at the First Level of Review.

Assigned to:

Title:

Date Assigned:

Date Due:

First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.

Date of Interview:

Interview Location:

Your appeal issue is:

☐ Granted☐ Granted in Part☐ Denied☐ Other:

See attached letter. If dissatisfied with First Level response, complete Section D:

Interviewer:

(Print Name)

Title:

Signature:

Date completed:

Reviewer:

(Print Name)

Title:

Signature:

Date received by AC:

AC Use Only

Date mailed/delivered to appellant: 1 1

Pelican Bay State Prison

JAN 24 2019

Appeals Office
Pelican Bay State Prison

MAR 12 2019

Appeals Office
Pelican Bay State Prison

APR 16 2019

Appeals Office
Pelican Bay State Prison

JUN 10 2019

Appeals Office
Pelican Bay State Prison

AUG 28 2019

Appeals Office

113

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 31 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR-0802-A (REV. 03/12)San Valley State Prison
DEPARTMENT OF CORRECTIONS AND REHABILITATION
Side 1

INMATE USE ONLY	Institution/Parole Region:	Log #:	Category:
	1A	19-000000	1A
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.
Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO, GUILLERMO CRUZ	70A-2479	7A-16-115	N/A

A. Continuation of CDCR 602, Section A only (Explain your issue): ON THIS COMPLAINT WHERE
VERBALLY TELLING ME THAT THEY WOULD GET SEXUALLY ACTIVE WITH ME IF I JUST
EXPOSE MY GENITALS TO THEM WHILE TAKING MY ASSIGNED CELL #115. I
BELEIVE THESE VERBAL STATEMENTS BY BOTH OFFICERS WAS TO BLACKMAIL ME
AND MANIPULATE ME. ONCE THEY BOTH KNEW I WAS NOT DISTURBING TO
THEIR SEXUAL ADVANCES, OFFICER JARVIS AND TENCHER STARTED TO
FILM RECORDS OF ME BEING IN MY ASSIGNED CELL #115 EXPOSING
MY PENIS TO THEM, AND MASTURBATING IN THEIR PLAIN VIEW WHICH
ARE FALSE ACCUSATIONS MADE BY BOTH OFFICERS. FOR THE VIDEO PURPOSE TO
SEE ME SERIOUSLY INJURED OUT ON THE MAIN YARD BEHIND WORKING THESE
ALLEGATIONS AND ACCUSATIONS. THIS DENIES THE VIOLATION OF C.D.C.R.
POLICY PER TITLE 15 SECTION 3401.6 (b)(6)(C) STATE SEXUAL
HARASSMENT. THIS ORIGINAL 602 APPEAL WAS LOST BY P.D.S.P.
INMATE APPEALS OFFICE TO COVER UP EMPLOYEE SEXUAL MISCONDUCT
SEE ATTACHED C.D.C.R. 22 FORM (10/69) SUBMITTED TO THEM TO DENY
THE ORIGINAL COMPLAINT. JAN 24 2019

Pelican Bay State Prison

JAN 24 2019

Appeals Office
Pelican Bay State Prison

MAR 12 2019

Appeals Office
Pelican Bay State Prison

APR 16 2019

Appeals Office
Pelican Bay State Prison

JUN 16 2019

Appeals Office
Pelican Bay State Prison

AUG 28 2019

Appeals Office

Inmate/Parolee Signature:

Date Submitted: JAN 23 2019

B. Continuation of CDCR 602, Section B only (Action requested): WHAT WAS LOST OR DESTROYED TO COVER UP
OFFICERS JARVIS AND S. TENCHER EMPLOYEE MISCONDUCT. JAN 24 2019

Inmate/Parolee Signature:

Date Submitted: JAN 23 2019

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 32 of 122

K15P
State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

Friday, April 19, 2019

TRUJILLO, AA2974
Z02001E1139001L

LEGAL, Processing of Appeals, 04/16/2019
Log Number: PBSP-A-19-00226

(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)

The enclosed documents are being returned to you for the following reasons:

Your appeal has been rejected pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.4(g). You are on appeal restriction and are restricted to one non-emergency appeal every 30 calendar days for a period of one year. Any subsequent violation of the appeal restriction shall result in an extension of the restriction for an additional one-year period upon approval by the third level Appeals Chief.

You are currently on appeal restriction and are only allowed to submit one non-emergency appeal every 30 days.

☐ K. Royal, Appeals Coordinator
☒ D. Landay, SSA
☐ I. DeWitt, SCR LT
☐ S. Williams, IAO OT
Appeals Coordinator
PBSP Appeals Office

Pelican Bay State Prison
JUN 10 2019
Appeals Office

NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.

FROM APRIL 19-19 UNTIL MAY 16-19 IT'S WITHIN TIME CONSTRAINTS TO RESUBMIT FOR
APPEAL FOR SECOND LEVEL OF REVIEW AND BYPASS

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

NOTE THIS CDCR 695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED

(12)

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 33 of 122

KVS
State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

Kein Valley State Prison
A1500 Unit 2 No 159

RE: Screening at the FIRST Level

Thursday, March 14, 2019

TRUILLO, AA2974
Z02001E1159001L

LEGAL, Processing of Appeals, 03/12/2019
Log Number: PBSP-A-19-00226

(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)

The enclosed documents are being returned to you for the following reasons:

Your appeal has been rejected pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.6(b)(9). Your appeal issue is obscured by pointless verbiage or voluminous unrelated documentation such that the reviewer cannot be reasonably expected to identify the issue under appeal.

Due to the large volume of appeals you have filed, you will need to be more specific with dates and log numbers as to which appeal you are requesting to have processed.

☐ K. Royal, Appeals Coordinator
☒ D. Landay, SSA
☐ J. DeWitt, SCR LT
☐ S. Williams, IAO OT
Appeals Coordinator
PBSP Appeals Office

Pelican Bay State Prison

APR 16 2019

Appeals Office

NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.

REGARDING TO APPEAL COORDINATOR D. LANDAY, REQUESTED ASSISTANCE THAT THE REVIEWER CANNOT

IDENTIFY THE ISSUE UNDER APPEAL. THE ISSUE IS THAT I AM REQUESTING TO BE APPEALED

REGARDING TO P.B.S.P. TO TRACK DOWN THE DELAYED ORIGINAL APPEAL SUBMITTED

REGARDING TO OFFICER JAMES AND S. FINCHER TO FINISH FORMALIZING APPEALS PROCESS

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

NOTE THIS CDCR 695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 34 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

San Diego and 2 North

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print) (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
TRUJILLO GUILLERMO CRUZ		AA 2974	<i>Guillermo Trujillo</i>
HOUSING NUMBER:	ASSIGNMENT:	HOURS FROM:	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
FA-AU-115	N/A	N/A	DELAYED OR LOST APPEAL

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

ON THE ABOVE DATE DECEMBER 11, 2018, I SUBMITTED A GRIEVANCE AGAINST LOS JAVES # 06 SQUADERS BECAUSE ON THOSE DAYS I WAS WITH FEMALE'S WHERE FURNISHING MARIJUANA OF I WAS TRUJILLO EXPOSING MY GENITALS (PENIS) IN TRYING TO GET ME TO TOUCH MY GENITALS OF MYSELF FOR THEIR PERSONAL PLEASURE. VIOLATION OF C.D.C.R. POLICY PER TITLE IS SECTION 5401.5 (a) (1) AND SECTION 5401.6 (a) (1). ITS BEEN OVER THIRTY (30) DAYS SINCE THAT GRIEVANCE WAS SUBMITTED WITH NO RESPONSE AT ANY LEVEL OF REVIEW VIOLATION OF MY FIRST AMENDMENT RIGHT TO PETITION THE GOVERNMENT FOR A REMEDY OF GRIEVANCE.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

☒ SENT THROUGH MAIL: ADDRESSED TO: INMATE APPEALS OFFICE AT (P.S.P.) DATE MAILED: 01-13-19
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF (CIRCLE ONE) YES NO
--------------------------------	-------	------------	---

IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL
INMATE APPEALS OFFICE AT (P.S.P.)	01-13-19	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
------------------------	-------	------------	----------------

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

Palmer State Prison

JAN 24 2019

Appeals Office

SIGNATURE:	DATE SUBMITTED:
------------	-----------------

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
K. Lopez	1-15-19	<i>[Signature]</i>	1-15-19

You need to provide the copy due on the volume of appeals you submit.

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 35 of 122

State of California
CDC FORM 695
Screening Form
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

Palmer Bay State Prison
Inmate Unit 2 - North

RE: Screening at the FIRST Level

Thursday, January 31, 2019

TRUILLO, AA2974

~~A-006-1115001E~~

ASU2-157L

LEGAL, Processing of Appeals, 01/24/2019

Log Number: PBSP-A-19-00226

(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)

The enclosed documents are being returned to you for the following reasons:

Your appeal has been rejected pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.4(g). You are on appeal restriction and are restricted to one non-emergency appeal every 30 calendar days for a period of one year. Any subsequent violation of the appeal restriction shall result in an extension of the restriction for an additional one-year period upon approval by the third level Appeals Chief.

You are currently on appeal restriction and are only allowed to submit one non-emergency appeal every 30 days.

☐ K. Royal, Appeals Coordinator
☐ D. Gorbet, OT
☒ D. Landay, SSA
☐ T. Buchanan, SCR LT.
Appeals Coordinator
PBSP Appeals Office

Palmer Bay State Prison

MAR 12 2019

Appeals Office

NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.

THIS LOG GATEWAY WAS DELIVERED TO THE APPELLANT ON MARCH 01, 2019 BY OFFICER POWERS
AT KUSD A DAY BEFORE ITS ACTUAL DUE DATE TO RE-SUBMIT APPEAL. THEREFORE SUBJECT
REJECTED APPEAL FOR SECOND LEVEL SCREENING REVIEW ON MARCH 03, 2019.

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

NOTE THIS CDCR-695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED

(12)

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 36 of 122

State of California
CDC FORM 695
Screening For:
CDC 602 Inmate/Parolee Appeals
CDC 1824 Reasonable Modification or Accommodation Request

RE: Screening at the FIRST Level

Friday, June 14, 2019

TRUILLO, AA2974
B 001 2238001L

LEGAL, Processing of Appeals, 06/10/2019
Log Number: PBSP-A-19-00226

(Note: Log numbers are assigned to all appeals for tracking purposes. Your appeal is subject to cancellation for failure to correct noted deficiencies.)

The enclosed documents are being returned to you for the following reasons:

Your appeal has been rejected pursuant to the California Code of Regulations, Title 15, Section (CCR) 3084.4(g). You are on appeal restriction and are restricted to one non-emergency appeal every 30 calendar days for a period of one year. Any subsequent violation of the appeal restriction shall result in an extension of the restriction for an additional one-year period upon approval by the third level Appeals Chief.

You are currently on appeal restriction and are only allowed to submit one non-emergency appeal every 30 days. Your last appeal was accepted 6/5/19.

Pelican Bay State Prison

AUG 28 2019

Appeals Office

☐ K. Royal, Appeals Coordinator
☒ D. Landay, SSA
☐ I. DeWitt, SCR LT
☐ S. Williams, IAO OT
Appeals Coordinator
PBSP Appeals Office

NOTE: If you are required to respond/explain to this CDCR Form 695, use only the lines provided below.

FROM JUNE-14-19 TO JULY-14-19 SHALL BE THE EXACTED DATE TO HAVE LOG BYPASS

FOR SECOND LEVEL SCREENING.

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

NOTE THIS CDCR 695 IS A PERMANENT APPEAL ATTACHMENT AND IS NOT TO BE REMOVED

(13)

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 37 of 122

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PELICAN BAY STATE PRISON

APPEALS EFFECTIVE COMMUNICATION CONFIRMATION

INMATE NAME	CDCR NUMBER	HOUSING	APPEAL LOG#	TABE Score
TRUILLO, GUILLERMO	AA2974	B8-106L	PBSP-B-19-02138	1.8

A. DOES THE INMATE HAVE DISABILITIES OR COMMUNICATION ISSUES?

1. ☒ Reads and comprehends without assistance (asked inmate or confirmed by past records).
 2. ☐ No disabilities or effective communication needs found after review of DECS & TABE/Learning Disability lists.

STOP! IF ITEMS #1 AND #2 ARE BOTH CHECKED, GO TO SECTION B. SIGN AND DATE.

3. ☒ Identified with a disability or effective communication need (check all that apply):
☒ TABE 4.0 or lower, or no score ☐ Hearing ☐ Learning disability
☐ Requires reading/comprehension assistance ☐ Vision ☐ Developmental disability
☐ Foreign language speaking ☐ Speech ☐ BOP ☐ CCCMS

B. APPEAL INTERVIEW**1. How was assistance provided? Check all that apply.**

- ☒ Simple English spoken slowly & clearly ☒ Inmate stated no need for EC assistance ☐ Large print material used
☐ Read documents to inmate ☐ Used text magnifier ☐ Lip reading
☐ Inmate was wearing hearing aid(s) ☐ Sign language interpreter used; Name: _____
☐ Written notes used (notes attached) ☐ Language interpreter used; Name: _____
☐ Other: _____

2. How was effective communication achieved? Check all that apply.

- ☒ Inmate reiterated in his own words, what was explained.
☒ Inmate provided appropriate, substantive responses to questions asked.
☐ Inmate asked appropriate questions regarding the information provided.
☐ Inmate did not appear to understand the communication, even though the primary method of communication was used.
☐ Other: _____

K. ROYAL CCI

Printed Name & Title

Signature

Date

STOP! DO NOT FILL OUT SECTION C OR D UNLESS PROVIDING ASSISTANCE WITH COMPLETED RESPONSE AS DIRECTED BY THE APPEALS OFFICE**C. APPEAL RESPONSE - FIRST LEVEL**

1. How was assistance provided?
☐ Effective communication assistance was provided as identified in Section B, #1 of this form.
 2. How was effective communication achieved?
☐ Effective communication assistance was provided as identified in Section B, #2 of this form.

Additional Comments:

Printed Name & Title

Signature

Date

D. APPEAL RESPONSE - SECOND LEVEL

1. How was assistance provided?
☐ Effective communication assistance was provided as identified in Section B, #1 of this form.
 2. How was effective communication achieved?
☐ Effective communication assistance was provided as identified in Section B, #2 of this form.

Additional Comments:

Printed Name & Title

Signature

Date

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 38 of 122

EXHIBIT B

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 39 of 122

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF APPEALS
P. O. BOX 942883
SACRAMENTO, CA 95833-0001

THIRD LEVEL APPEAL DECISION

Date: FEB 13 2018

In re: Guillermo Truillo, AA2974
Kern Valley State Prison
P.O. Box 6000
Delano, CA 93216

TLR Case No.: 1714411

Local Log No.: PBSP-17-01742

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner M. Hodges, Captain. All submitted documentation and supporting arguments of the parties have been considered.

I. APPELLANT'S ARGUMENT: It is the appellant's position that on an unknown date Correctional Officer's J. Gillson, S. Bagley, Sherman, and both Control Booth Officers made verbal threats towards him such as planning out a way to get him involved in an altercation or group disturbance by provoking and inciting violence on the Facility "B" main yard with the purpose of using the Mini 14 rifle to kill him. Because he is on appeal restriction he submitted this information to the Office of Internal Affairs.

The appellant requests his allegation be investigated.

II. SECOND LEVEL'S DECISION: The reviewer found no basis to grant the appeal. The review of the allegation of staff misconduct presented in the written complaint was completed and based upon this review the appellant's appeal was processed as an appeal inquiry. The inquiry included a review of the evidence, an evaluation of any interview conducted, and a review of pertinent documents and current policies, laws, and procedures. All staff personnel matters are confidential in nature. The appellant will only be notified whether the actions of staff were or were not in compliance with policy. The inquiry was completed and it was found that staff did not violate policy with respect to the issue appealed. The appeal was partially granted at the Second Level of Review (SLR) in that an inquiry was completed.

III. THIRD LEVEL DECISION: Appeal is denied.

A. FINDINGS: Upon review of the documentation submitted, it was determined at the Third Level of Review (TLR) the appellant's allegations were appropriately reviewed and evaluated by administrative staff. All staff personnel matters are confidential in nature and will not be disclosed to other staff, the general public, the inmate population, or the appellant. If the conduct of staff was determined to not be in compliance with policy, the institution will take the appropriate course of action. In this case, the SLR informed the appellant that an inquiry was completed and disclosed the determination of the inquiry. While the appellant has the right to submit an appeal as a staff complaint, requests for: administrative action regarding staff; the placement of documentation in a staff member's personnel file; to reprimand staff; to remove staff from a position; and/or requests for monetary compensation, are beyond the scope of the appeals process.

The confidential inquiry was reviewed at the TLR. The Third Level Reviewer concurs with the determination of the SLR and finds that the institution's response complies with departmental policy and the appellant's staff complaint allegation was properly addressed. No relief is warranted at the TLR.

The appellant has added new issues and requests to the appeal. The additional requested action is not addressed herein as it is not appropriate to expand the appeal beyond the initial problem and the initially requested action (CDC Form 602, Inmate/Parolee Appeal Form, Sections A and B).


B. BASIS FOR THE DECISION:
California Penal Code Section: 832.7, 832.8

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 40 of 122

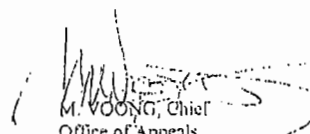
GUILLERMO TRUILLO, AA2974
CASE NO. 1714411
PAGE 2

C. ORDER: No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.


M. HODGES, Appeals Examiner
Office of Appeals

cc: Warden, KVSP
Appeals Coordinator, KVSP
Appeals Coordinator, PBSP


M. VOONG, Chief
Office of Appeals

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 41 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

1901924



AA2974

IAS USE ONLY

Institution/Parole Region:

Log #:

Category:

PBSP-0-19-00275

FOR STAFF USE ONLY

You may appeal any decision and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):

Irrillo

CDC Number:

AA2974

Unit/Cell Number:

Assignment:

H/HA

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):

FEB 06 2019

B. Action requested (If you need more space, use Section B of the CDCR 602-A):

FEB 06 2019

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason: FEB 06 2019

Inmate/Parolee Signature:

Date Submitted:

☐ By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☒ No

This appeal has been:

☒ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the First Level of Review.

Assigned to: _____

Title: _____

Date Assigned: _____

Date Due: _____

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____

Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted In Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____

(Print Name)

Title: _____

Signature: _____

Date completed: _____

Reviewer: _____

(Print Name)

Title: _____

Signature: _____

Date received by AC: _____

AC Use Only

REC BY OOA

JUL 15 2019

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H

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REC BY OOA

MAR 11 2019

STATE OF CALIFORNIA
INMATE/PAROLEE APPEALS
CDCR 602 (REV. 03/12)

Case 1:22-cv-02714-HSG Document 1 Filed 04/20/20 Page 42 of 122

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

BYPASS

Inmate/Parolee Signature: _____ Date Submitted: _____

E. Second Level - Staff Use Only Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☒ No

This appeal has been:

☒ By-passed at Second Level of Review. Go to Section G.

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____

☐ Cancelled (See attached letter)

☐ Accepted at the Second Level of Review

Assigned to: ISA Title: _____ Date Assigned: 2/6/19 Date Due: 2/13/19

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: 2/2/19 Interview Location: Refused see 128B

Your appeal issue is: ☐ Granted ☒ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: S. HOBEN Title: Sgt Signature: [Signature] Date completed 2/2/19

Reviewer: BEA Title: CDW Signature: [Signature]

Date received by AC: _____

AC Use Only
Date mailed/delivered to appellant 1/1

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

ACCORDING TO OFFICER SINGLE THIS BE APPEAL WAS PARTIALLY GRANTED WITH NO ACTION TAKEN TO
REPAIR AND OR CORRECT THE PROBLEM, THEREFORE REQUEST THE OUR CASE FOR FURTHER REVIEW
AND CORRECT OFFICER HUNDAT UNLAWFUL ACTIONS UNAPPROPRIATE TOUCHING WITHOUT MY CONSENT.
VIOLATION OF P.O. R POLICY TITLE 15 34015 (a)(1)(5) STAFF SEXUAL MISCONDUCT, THEREFORE WOULD LIKE
TO OBTAIN BETTER REMEDIES.

Inmate/Parolee Signature: [Signature] Date Submitted: _____

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____

☒ Cancelled (See attached letter) Date: 2/13/19

☐ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only
Date mailed/delivered to appellant JUN 20, 2019

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because: State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____

Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level) response):

Inmate/Parolee Signature: _____ Date Submitted: _____

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response):

Inmate/Parolee Signature: _____ Date Submitted: _____

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 45 of 122

Template Date 4/4/2012
State of California

Attachment E-1
Department of Corrections and Rehabilitation

Memorandum

Date : NOV 07 2017

To : TRUILLO; AA2974
Kern Valley State Prison
Short Term Restricted Housing
Cell 117

Subject: STAFF COMPLAINT RESPONSE - APPEAL #PBSP-O-17-01742 SECOND LEVEL RESPONSE

APPEAL ISSUE: You allege Correctional Officers (C/O) Adams, J. Gillson, S. Bagley, and Sherman are verbally threatening you and planning out a way to get you involved in an altercation to have you killed by the mini 14 rifle. You state you had to write a letter to the Office of Internal Affairs (OIA) because you are on appeal restriction.

All issues unrelated to the allegation of staff misconduct must be appealed separately and will not be addressed in this response. You do not exhaust administrative remedies on any unrelated issue not covered in this response or concerning any staff member not identified by you in this complaint. If you are unable to name all involved staff you may request assistance in establishing their identity.

DETERMINATION OF ISSUE: A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal is: Being processed as an Appeal Inquiry.

You were interviewed on September 4, 2017, by O. Spencer, Correctional Sergeant, and stated you wanted the Facility B, Unit 8, staff you named and other unnamed staff questioned about their involvement in planning to have you assaulted.

Your appeal is PARTIALLY GRANTED in that: The Appeal Inquiry is complete, has been reviewed, and all issues were adequately addressed. No witnesses were interviewed as a result of your allegations. The following documents were reviewed as a result of your allegation: Letter addressed to the OIA Post Office Box 3009 Sacramento California 95812 dated as received June 14, 2017.

Staff: *did* ☐ *did not* ☒ violate CDCR policy with respect to the issues appealed.

ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.

- As such, the details of any inquiry will not be shared with staff, members of the public, or offender appellants.
- Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. A variety of personnel actions may be initiated by the Department based upon the content of your complaint and the outcome of any investigation or inquiry conducted as a result of your complaint.

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 46 of 122

Template Date 4/4/2012

Attachment E-1

Page 2

- Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

If you wish to appeal the decision and/or exhaust administrative remedies, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's/Third Level of Review. Once a decision has been rendered at the Third Level, administrative remedies will be considered exhausted.

Print: CHARNEBURET Sign: [Signature] Date: 11/1/2015
 Reviewing Authority

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 47 of 122

State of California

Attachment E-1
Department of Corrections and Rehabilitation

Memorandum

Date : September 5, 2017

To : Truillo, AA2974
B4-217L
Pelican Bay State Prison

Subject: STAFF COMPLAINT RESPONSE - APPEAL # PBSP-O-17-01742 FIRST LEVEL RESPONSE

APPEAL ISSUE: You allege various correctional officers have made verbal threats to you such as planning to get you involved in a physical altercation or group disturbance on the facility.

All issues unrelated to the allegation of staff misconduct must be appealed separately and will not be addressed in this response. You do not exhaust administrative remedies on any unrelated issue not covered in this response or concerning any staff member not identified by you in this complaint. If you are unable to name all involved staff you may request assistance in establishing their identity.

DETERMINATION OF ISSUE: A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal is being processed as an Appeal Inquiry.

You were interviewed on September 4, 2017 by O. Spencer, Correctional Sergeant. During the interview, you stated you wanted the B8 staff which you named and other unnamed staff questioned about their involvement planning to have you assaulted.

Your appeal is **PARTIALLY GRANTED** in that the Appeal Inquiry is complete, has been reviewed, and all issues were adequately addressed.

The following witnesses were questioned: No witnesses were listed by you.

Staff: <i>did</i> <input type="checkbox"/> <i>did not</i> <input checked="" type="checkbox"/> violate CDCR policy with respect to one or more of the issues appealed.

ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.

- As such, the details of any inquiry will not be shared with staff, members of the public, or offender appellants.
- Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. A variety of personnel actions may be initiated by the Department based upon the content of

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 48 of 122

Attachment E-1

Page 2

your complaint and the outcome of any investigation or inquiry conducted as a result of your complaint.

- Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

If you wish to appeal the decision and/or exhaust administrative remedies, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's/Third Level of Review. Once a decision has been rendered at the Third Level, administrative remedies will be considered exhausted.

Print: O. SPENCER (U) Sign: R. Amis Date: 9/8/17
Interviewer

Print: R. K. BELL Sign: [Signature] Date: 9/12/17
Reviewing Authority

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 49 of 122

STATE OF CALIFORNIA
RIGHTS AND RESPONSIBILITY STATEMENT
CDCR 165B (Rev. 10/06)


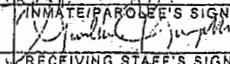
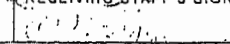
DEPARTMENT OF CORRECTIONS AND REHABILITATION

RIGHTS AND RESPONSIBILITY STATEMENT

The California Department of Corrections and Rehabilitation has added the department language (shown inside brackets, in non-boldface type) for clarification purposes.

Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER [this includes a departmental peace officer] FOR ANY IMPROPER POLICE [or peace] OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' [or inmates/parolees'] COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN [or inmate/parolee] COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

COMPLAINANT'S PRINTED NAME TRUILLO, G.	COMPLAINANT'S SIGNATURE 	DATE SIGNED 9/05/17	
INMATE/PAROLEE PRINTED NAME TRUILLO, G.	INMATE/PAROLEE'S SIGNATURE 	CDC NUMBER AA2974	DATE SIGNED 9/05/17
RECEIVING STAFF'S PRINTED NAME SPENCER, O.	RECEIVING STAFF'S SIGNATURE 	DATE SIGNED 9/05/17	

DISTRIBUTION:
ORIGINAL -
Public - Institution Head/Parole Administrator
Inmate/Parolee - Attach to CDC form 802
Employee - Institution Head/Parole Administrator
COPY - Complainant

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 50 of 122

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PELICAN BAY STATE PRISON

APPEALS EFFECTIVE COMMUNICATION CONFIRMATION

INMATE NAME	CDCR NUMBER	HOUSING	APPEAL LOG#	TABE Score
TRUILLO, G.	AA2974	B4-217L	PBSP-O-17-01742	1.8

A. DOES THE INMATE HAVE DISABILITIES OR COMMUNICATION ISSUES?

1. ☐ Reads and comprehends without assistance (asked inmate or confirmed by past records).
 2. ☐ No disabilities or effective communication needs found after review of DECS & TABE/Learning Disability lists.

STOP! IF ITEMS #1 AND #2 ARE BOTH CHECKED, GO TO SECTION B. SIGN AND DATE.

3. ☒ Identified with a disability or effective communication need (check all that apply):
☒ TABE 4.0 or lower, or no score ☐ Hearing ☐ Learning disability
☐ Requires reading/comprehension assistance ☐ Vision ☐ Developmental disability
☐ Foreign language speaking ☐ Speech ☐ EOP ☐ CCCMS.

B. APPEAL INTERVIEW

1. How was assistance provided? Check all that apply.
☒ Simple English spoken slowly & clearly ☒ Inmate stated no need for EC assistance ☐ Large print material used
☐ Read documents to inmate ☐ Used text magnifier ☐ Lip reading
☐ Inmate was wearing hearing aid(s) ☐ Sign language interpreter used; Name: _____
☐ Written notes used (notes attached) ☐ Language interpreter used; Name: _____
☐ Other: _____
2. How was effective communication achieved? Check all that apply.
☐ Inmate reiterated in his own words, what was explained.
☐ Inmate provided appropriate, substantive responses to questions asked.
☐ Inmate asked appropriate questions regarding the information provided.
☐ Inmate did not appear to understand the communication, even though the primary method of communication was used.
☐ Other: _____

O. SPENCER SGT		9/05/17
Printed Name & Title	Signature	Date

**STOP! DO NOT FILL OUT SECTION C OR D UNLESS PROVIDING ASSISTANCE
WITH COMPLETED RESPONSE AS DIRECTED BY THE APPEALS OFFICE**

C. APPEAL RESPONSE - FIRST LEVEL

1. How was assistance provided?
☐ Effective communication assistance was provided as identified in Section B, #1 of this form.
 2. How was effective communication achieved?
☐ Effective communication assistance was provided as identified in Section B, #2 of this form.

Additional Comments: _____

Printed Name & Title	Signature	Date

D. APPEAL RESPONSE - SECOND LEVEL

1. How was assistance provided?
☐ Effective communication assistance was provided as identified in Section B, #1 of this form.
 2. How was effective communication achieved?
☐ Effective communication assistance was provided as identified in Section B, #2 of this form.

Additional Comments: _____

Printed Name & Title	Signature	Date

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 51 of 122

EXHIBIT C

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 52 of 122

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF APPEALS
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

THIRD LEVEL APPEAL DECISION

Date:

In re: Guillermo Truillo, AA2974
Kern Valley State Prison
P.O. Box 6000
Delano, CA 93216

TLR Case No.: 1815206

Local Log No.: PBSP-18-02677

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner J. Knight, Captain. All submitted documentation and supporting arguments of the parties have been considered.

I. **APPELLANT'S ARGUMENT:** It is the appellant's position Correctional Officer's B. Calvin, T. Olney, I. Mendez, and control booth COs (John Doe), working in Facility B Unit B2 have been provoking and inciting violence upon him. The appellant alleges that anonymous inmate resources are being used to scream his name and other disrespectful comments in an effort to provoke him to violence. The appellant also alleges that the officers listed in the appeal have made verbal threats toward him stating they want him dead, assaulted, and stabbed at Pelican Bay State Prison (PBSP). The appellant contends this is in retaliation for reporting serious misconduct by staff in the past and is an ongoing problem at PBSP. The appellant requests for his complaint to be properly investigated by Office of Internal Affairs; and for the identified staff to take a polygraph test if they deny the allegations made against them.

II. **SECOND LEVEL'S DECISION:** The Second Level of Review (SLR) identified and addressed the appellant's allegations of staff misconduct. The reviewer documented that an appropriate supervisory staff member was assigned to conduct an inquiry into this matter. The inquiry included a review of the evidence and an evaluation of any interview conducted. In order to determine the facts, the inquiry also included a review of pertinent documents, current policies, laws, and procedures. The SLR noted that all staff personnel matters are confidential in nature, and that the appellant would only be notified whether the actions of staff were or were not in compliance with policy. The SLR found that staff did not violate policy as alleged. The SLR partially granted the appeal in that an inquiry was conducted.

III. **THIRD LEVEL DECISION:** Appeal is denied.

A. **FINDINGS:** Upon review of the documentation submitted, the Third Level of Review (TLR) finds that the appellant's allegations were appropriately reviewed and evaluated by administrative staff. The TLR notes that all staff personnel matters are confidential in nature and will not be disclosed to other staff, the inmate population, the general public, or the appellant. The appellant was informed that if the conduct of staff was determined to not be in compliance with policy, the institution would take the appropriate course of action. In this case, the SLR informed the appellant that an inquiry was completed and disclosed the determination of the inquiry to the appellant. The TLR reviewed the confidential inquiry and concurs with the determination of the SLR. The TLR notes that, while the appellant has the right to submit an appeal as a staff complaint, requests for administrative action regarding staff; the placement of documentation in a staff member's personnel file; to reprimand staff; to remove staff from a position; and/or requests for monetary compensation are beyond the scope of the appeals process. The TLR finds the institution's response complies with Departmental policy, and the appellant's staff complaint allegations were properly addressed. Therefore, no further relief shall be afforded at the TLR.

The appellant has added new issues and requests to the appeal. The additional requested action is not addressed herein as it is not appropriate to expand the appeal beyond the initial problem and the initially requested action (CDC Form 602, Inmate/Parolee Appeal Form, Sections A and B).

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 53 of 122

GUILLERMO TRUILLO, AA2974
CASE NO. 1815206
PAGE 2

B. BASIS FOR THE DECISION:

California Penal Code Section: 832.7, 832.8

California Code of Regulations, Title 15, Section: 3000, 3001, 3002, 3004, 3005, 3084, 3084.1, 3084.5,
3084.7, 3270, 3271, 3380, 3391

C. ORDER: No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.

J. KNIGHT, Appeals Examiner
Office of Appeals

cc: Warden, KVSP
Appeals Coordinator, KVSP
Appeals Coordinator, PBSP


M. VOONG, Chief
Office of Appeals

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 54 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR-0602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

18152061	ONLY Institution/Parole Region:	Log #:	Category:
			
AA2974	PREP - A - 18 - 026677 7		
FOR STAFF USE ONLY			

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084.1 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO, GILBERTO, ERIC	AA 2974	111 111 121	4/11

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):

ON 08/25/2019, I WAS CALLED TO THE CHARGE ROOM AND TOLD I HAD TO GO TO THE CHARGE ROOM. I WAS CALLED TO THE CHARGE ROOM AND TOLD I HAD TO GO TO THE CHARGE ROOM. I WAS CALLED TO THE CHARGE ROOM AND TOLD I HAD TO GO TO THE CHARGE ROOM.

B. Action requested (If you need more space, use Section B of the CDCR 602-A):

I REQUEST THAT THE CHARGE ROOM BE REMOVED FROM MY CHARGE ROOM. I REQUEST THAT THE CHARGE ROOM BE REMOVED FROM MY CHARGE ROOM. I REQUEST THAT THE CHARGE ROOM BE REMOVED FROM MY CHARGE ROOM.

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory, CDC 126-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason:Inmate/Parolee Signature:  Date Submitted: 09/11/2019☐ By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction) Date:☐ Cancelled (See attached letter) Date:☐ Accepted at the First Level of Review.

Assigned to:

Title:

Date Assigned:

Date Due:

First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below

Date of Interview:

Interview Location:

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other:

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer:

(Print Name)

Title:

Signature:

Date completed:

Reviewer:

(Print Name)

Title:

Signature:

Date received by AC:

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 55 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

Side 1

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Inmate/Parolee Signature: _____ Date Submitted: _____

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

E. Second Level - Staff Use Only

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.
☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____
☐ Cancelled (See attached letter)
☐ Accepted at the Second Level of Review

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
(Print Name)

Reviewer: _____ Title: _____ Signature: _____
(Print Name)

Date received by AC: _____

AC Use Only
 Date mailed/delivered to appellant: ____/____/____

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

Inmate/Parolee Signature: _____ Date Submitted: _____

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____
☐ Cancelled (See attached letter) Date: _____
☒ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☒ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only
 Date mailed/delivered to appellant: **SEP 16 2019**

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____
 Title: _____ Signature: _____ Date: _____
 Print Staff Name: _____

ET

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM A07-001HMSG Document 1 Filed 04/20/20 Page 57 of 122
CDCR-0602-A (REV. 03/12)

Side 2

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

Inmate/Parolee Signature: _____ Date Submitted: _____

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response): _____

Inmate/Parolee Signature: _____ Date Submitted: _____

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 58 of 122

3004. Rights and Respect of Others.

(a) Inmates and parolees have the right to be treated respectfully, impartially, and fairly by all employees. Inmates and parolees have the responsibility to treat others in the same manner. Employees and inmates may use first names in conversation with each other when it is mutually acceptable to both parties.

→ (b) Inmates, parolees and employees will not openly display disrespect or contempt for others in any manner intended to or reasonably likely to disrupt orderly operations within the institutions or to incite or provoke violence.

(c) Inmates, parolees and employees will not subject other persons to any form of discrimination because of race, religion, nationality, sex, political belief, age, or physical or mental handicap.

HISTORY:

1. Amendment filed 2-24-77; effective thirtieth day thereafter (Register 77, No. 9).

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 59 of 122

State of California

Attachment E-1
Department of Corrections and Rehabilitation

Memorandum

Date : OCT 24 2018

To : TRUJILLO, AA2974
B2-129L
Pelican Bay State Prison

Subject: STAFF COMPLAINT RESPONSE - APPEAL # PBSP-A-18-02677 SECOND LEVEL RESPONSE

APPEAL ISSUE: You allege that C. Case, Correctional Officer; C. Cena, Correctional Officer; D. Nelson, Correctional Officer; B. Calvin, Correctional Officer; T. Olney, Correctional Officer; and I. Mendez, Correctional Officer with control booth officers (John Doe), working in Facility B Unit B2 have been provoking and inciting violence upon you. You contend that anonymous inmate resources are being used to scream your name and other disrespectful comments in an effort to provoke you to violence. You allege that the officers listed in the appeal have made verbal threats toward you stating they want you dead, assaulted, and stabbed at Pelican Bay State Prison (PBSP). You further contend this is in retaliation for reporting serious misconduct by staff in the past and is an ongoing problem at PBSP.

All issues unrelated to the allegation of staff misconduct must be appealed separately and will not be addressed in this response. You do not exhaust administrative remedies on any unrelated issue not covered in this response or concerning any staff member not identified by you in this complaint. If you are unable to name all involved staff you may request assistance in establishing their identity.

DETERMINATION OF ISSUE: A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal is being processed as a Staff Complaint.

You were interviewed on October 8, 2018, by J. R. McBride, Correctional Lieutenant. During the interview, you reiterated information contained within the body of the appeal. You stated the contents of the appeal are accurate, and did not wish to add anything.

Your appeal is **PARTIALLY GRANTED** in that the Appeal Inquiry has been reviewed, and all issues were adequately addressed.

Staff: *did* ☐ *did not* ☒ violate CDCR policy with respect to one or more of the issues appealed.

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 60 of 122

Attachment E-1

Page 2

ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.

- As such, the details of any inquiry will not be shared with staff, members of the public, or offender appellants.
- Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. A variety of personnel actions may be initiated by the Department based upon the content of your complaint and the outcome of any investigation or inquiry conducted as a result of your complaint.
- Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

If you wish to appeal the decision and/or exhaust administrative remedies, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's/Third Level of Review. Once a decision has been rendered at the Third Level, administrative remedies will be considered exhausted.

Print: J. MCBRIDE
Interviewer

Sign: 

Date: 10/19/18

Print: JIM ROBERTSON
Hiring Authority

Sign: 

Date: 12/23/18

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 61 of 122

STATE OF CALIFORNIA
RIGHTS AND RESPONSIBILITY STATEMENT
CDCR 1350 (Rev. 10/06)

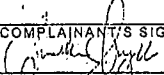

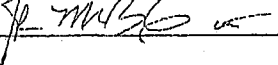
DEPARTMENT OF CORRECTIONS AND REHABILITATION

RIGHTS AND RESPONSIBILITY STATEMENT

The California Department of Corrections and Rehabilitation has added the department language (shown inside brackets, in non-boldface type) for clarification purposes.

Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER [this includes a departmental peace officer] FOR ANY IMPROPER POLICE [or peace] OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' [or inmates/parolees'] COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN [or inmate/parolee] COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

COMPLAINANT'S PRINTED NAME TRUJILLO	COMPLAINANT'S SIGNATURE 	DATE SIGNED 10-15-18	
INMATE/PAROLEE PRINTED NAME TRUJILLO	INMATE/PAROLEE'S SIGNATURE 	CDC NUMBER AA2974	DATE SIGNED 10-15-18
RECEIVING STAFF'S PRINTED NAME J.R. MCBRIDE	RECEIVING STAFF'S SIGNATURE 	DATE SIGNED 10/8/18	

DISTRIBUTION:
ORIGINAL -
Public - Institution Head/Parole Administrator
Inmate/Parolee - Attach to CDC form 802
Employee - Institution Head/Parole Administrator
COPY - Complainant

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 62 of 122

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

PELICAN BAY STATE PRISON

APPEALS EFFECTIVE COMMUNICATION CONFIRMATION

INMATE NAME	CDCR NUMBER	HOUSING	APPEAL LOG#	TABE Score
TRUJILLO	AA2974	Z-117L	PBSP-A-18-02674	18

A. DOES THE INMATE HAVE DISABILITIES OR COMMUNICATION ISSUES?

1. ☒ Reads and comprehends without assistance (asked inmate or confirmed by past records):
2. ☐ No disabilities or effective communication needs found after review of DECS & TABE/Learning Disability lists.

STOP! IF ITEMS #1 AND #2 ARE BOTH CHECKED, GO TO SECTION B. SIGN AND DATE.

3. ☒ Identified with a disability or effective communication need (check all that apply):
- | | | |
|--|----------------------------------|---|
| <input checked="" type="checkbox"/> TABE 4.0 or lower, or no score | <input type="checkbox"/> Hearing | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Requires reading/comprehension assistance | <input type="checkbox"/> Vision | <input type="checkbox"/> Developmental disability |
| <input type="checkbox"/> Foreign language speaking | <input type="checkbox"/> Speech | <input type="checkbox"/> EOP |
| | | <input type="checkbox"/> CCCMS |

B. APPEAL INTERVIEW

1. How was assistance provided? Check all that apply.
- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Simple English spoken slowly & clearly | <input checked="" type="checkbox"/> Inmate stated no need for EC assistance | <input type="checkbox"/> Large print material used |
| <input type="checkbox"/> Read documents to inmate | <input type="checkbox"/> Used text magnifier | <input type="checkbox"/> Lip reading |
| <input type="checkbox"/> Inmate was wearing hearing aid(s) | <input type="checkbox"/> Sign language interpreter used; Name: _____ | |
| <input type="checkbox"/> Written notes used (notes attached) | <input type="checkbox"/> Language interpreter used; Name: _____ | |
| <input type="checkbox"/> Other: _____ | | |
2. How was effective communication achieved? Check all that apply.
- ☒ Inmate reiterated in his own words, what was explained.
- ☒ Inmate provided appropriate, substantive responses to questions asked.
- ☒ Inmate asked appropriate questions regarding the information provided.
- ☐ Inmate did not appear to understand the communication, even though the primary method of communication was used.
- ☐ Other: _____

J. R. MCBRIDE, LT.

Printed Name & Title

Signature

Date

STOP! DO NOT FILL OUT SECTION C OR D UNLESS PROVIDING ASSISTANCE WITH COMPLETED RESPONSE AS DIRECTED BY THE APPEALS OFFICE**C. APPEAL RESPONSE - FIRST LEVEL**

1. How was assistance provided?
- ☐ Effective communication assistance was provided as identified in Section B, #1 of this form.
2. How was effective communication achieved?
- ☐ Effective communication assistance was provided as identified in Section B, #2 of this form.

Additional Comments:

Printed Name & Title

Signature

Date

D. APPEAL RESPONSE - SECOND LEVEL

1. How was assistance provided?
- ☐ Effective communication assistance was provided as identified in Section B, #1 of this form.
2. How was effective communication achieved?
- ☐ Effective communication assistance was provided as identified in Section B, #2 of this form.

Additional Comments:

Printed Name & Title

Signature

Date

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 63 of 122

EXHIBIT D

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 64 of 122

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF APPEALS
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

THIRD LEVEL APPEAL DECISION

Date: OCT 02 2019

In re: Guillermo Truillo, AA2974
North Kern State Prison
P.O. Box 567
Delano, CA 93215-0567

TLR Case No.: 1908470

Local Log No.: PBSP-19-01924

This matter was reviewed on behalf of the Secretary of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner J. Knight, Captain. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that his appeal log number Pelican Bay State Prison (PBSP)-19-00275 / Third Level of Review (TLR) log number 1901924 was inappropriately cancelled at the TLR. The appellant alleges that he was never contacted at San Quentin State Prison regarding Investigative Services Unit (ISU) Correctional Sergeant (Sgt.) Anderson wanting to conduct a telephone interview. The appellant contends that Sgt. Anderson used this alibi and false statements that the appellant refused to participate in the telephonic interview the same day for three different appeals. The appellant asserts this action was taken in bad faith so he would not be able to exhaust administrative remedies. The appellant request for Sgt. Anderson to stop making false allegations that the appellant refused to participate in a telephone investigation interview and for his CDC Form 602, Inmate/Parolee Appeal Form to be bypassed.

II EXAMINER'S DECISION: The Office of Appeals (OOA) Examiner found the appellant refused to be interviewed regarding his filed appeal. On February 2, 2019, due to the appellant's out-to-court status and housing at San Quentin State Prison, Pelican Bay State Prison ISU Sgt. J. Anderson attempted to interview the appellant telephonically. However, the appellant refused to participate in the telephonic interview. Based upon the aforementioned the appellant's appeal was cancelled at the TLR.

III THIRD LEVEL DECISION: Appeal is denied.

A. FINDINGS: The TLR analyzed the issues of the appellant's appeal and reaffirms the OOA Examiners conclusions as addressed within the appellant's cancelled appeal. The appellant has not submitted evidence or documentation to support his contention that he was not informed of or refused to participate in an appeal investigation interview with Sgt. Anderson. The appellant's refusal to participate in the appeal investigation interview was documented on a CDC Form 128-B, General Chrono authored by Correctional Officer B. Diggle. The TLR notes the action taken by the OOA Examiner was appropriate. Relief at the TLR is not warranted.

The appellant has added new issues and requests to the appeal. The additional requested action is not addressed herein as it is not appropriate to expand the appeal beyond the initial problem and the initially requested action (CDC Form 602, Inmate/Parolee Appeal Form, Sections A and B).

B. BASIS FOR THE DECISION:

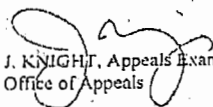
California Code of Regulations, Title 15, Section: 3000, 3000.5, 3001, 3002, 3004, 3005, 3022, 3084, 3084.1, 3084.2, 3084.3, 3084.4, 3084.5, 3084.6, 3084.7, 3084.8, 3084.9, 3190, 3193, 3270, 3271, 3380, 3391

C. ORDER: No changes or modifications are required by the institution.

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 65 of 122

GUILLERMO TRUILLO, AA2974
CASE NO. 1908470
PAGE 2

This decision exhausts the administrative remedy available to the appellant within CDCR.


J. KNIGHT, Appeals Examiner
Office of Appeals

cc: Warden, NKSP
Appeals Coordinator, NKSP
Appeals Coordinator, PBSP

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 66 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAS USE ONLY Institution: Parole Region: Log #: Category:



AA2974

FOR STAFF USE ONLY

You may
Renalibilation (CDCR) decision, action, condition, policy or regulation that has a material
adverse effect upon your welfare and for which there is no other prescribed method of departmental review/ remedy available. See California Code of
Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar
days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CDCR 3084 for further
guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):

TRUJILLO GUILLERMO CRUZ

CDC Number:

AA-2974

Unit/Cell Number:

B4-223

Assigned:

N/A

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.): REJECTION,
CANCELLATION, AND WITHDRAWAL CRITERIA.A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): ON THE ABOVE

DATE: JUNE-12-2019 CHIEF OFFICE OF APPEALS TRAMOS CANCELLED
APPEAL LOG # P.B.S.P-17-00175. TLR CASE NUMBER # 1901924 BECAUSE IT
WAS STATED THAT I APPELLANT REFUSED TO PARTICIPATE WITH SGT.

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD LIKE FOR
SGT. J. ANDERSON TO STOP MAKING FALSE ALLEGATIONS THAT I APPELLANT
REFUSED TO PARTICIPATE IN THE TELEPHONE INVESTIGATION INTERVIEW
AND CORRECT HIMSELF FROM COVERING UP OFFICER KUMDAT'S

Supporting Documents: Refer to CDCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason:Inmate/Parolee Signature: [Signature] Date Submitted: 07-08-19☐ By placing my initials in this box, I waive my right to receive an interview.

REC BY OOA

JUL 15 2019

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the First Level of Review.

Assigned to: _____

Title: _____

Date Assigned: _____

Date Due: _____

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____

Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____

(Print Name)

Title: _____

Signature: _____

Date completed: _____

Reviewer: _____

(Print Name)

Title: _____

Signature: _____

Date received by AC: _____

AC Use Only

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 67 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

1908470	IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
FOR STAFF USE ONLY				

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.
Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO GUILLERMO GOMEZ	AP-2974	04-223	N/A

A. Continuation of CDCR 602, Section A only (Explain your issue): J. ANDERSON TELEPHONIC
INTERVIEW INVESTIGATION ON FEBRUARY-02-2019, WHILE HOUSED AT
SAN QUENTIN STATE PRISON FOR OUT-TO-COURT PROCEEDINGS. THESE
ARE ALL FALSE ALLEGATIONS MADE BY BOTH SGT. J. ANDERSON AND T.
RAMOS BECAUSE I WAS NEVER INTERVIEWED BY PRISON OFFICIALS AT SAN
QUENTIN THAT I APPELLANT HAD A TELEPHONIC INTERVIEW WITH P.D.S.P
INVESTIGATION SERVICES SGT. J. ANDERSON AS STATED IN THE CANCELLATION
DECISION RESPONSE. I BELIEVE SGT. J. ANDERSON USED THIS ALIBI AND
FALSE STATEMENTS THAT I APPELLANT REFUSED TO PARTICIPATE IN THE
TELEPHONIC INTERVIEW THE SAME DAY THREE TIMES. SEE ALSO APPEAL
LOG NO # P.D.S.P-19-00272, TLR CASE NUMBER #1901943 AS PROOF TO
SGT. J. ANDERSON'S LIES, TO COVER OFFICER HUMBERT'S UNLAWFUL
MISCONDUCT AND HAVE APPEAL CANCELLED IN BAD FAITH TO NOT
BE ABLE TO EXHAUST ADMINISTRATIVE REMEDIES.

REC BY: OOA
JUL 15 2019

Inmate/Parolee Signature: [Signature] Date Submitted: 07-08-19

B. Continuation of CDCR 602, Section B only (Action requested): UNLAWFUL MISCONDUCT, I WOULD ALSO
LIKE OUR APPEAL BYPASS.

Inmate/Parolee Signature: [Signature]

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 68 of 122

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF APPEALS
P.O. BOX 942883
SACRAMENTO, CA 94283-0091

Date: JUN 10 2019

In re: Guillermo Truillo, AA2974
North Kern State Prison
P.O. Box 567
Delano, CA 93216-0567


TLR CASE NUMBER: 1901924
LOCAL LOG NO.: PBSP-19-00275

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner M. Hodges, Captain.

This appeal is being canceled in accordance with California Code of Regulations, Section 3084.6, Rejection, Cancellation, and Withdrawal Criteria. The appellant refused to be interviewed or cooperate.

On February 2, 2019, due to the appellant's out-to-court status and housing at San Quentin State Prison, Pelican Bay State Prison Investigative Services Unit Correctional Sergeant J. Anderson attempted to interview the appellant telephonically. However, the appellant refused to participate in the telephonic interview.

Pursuant to CCR 3084.6(e), once an appeal has been cancelled, the appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal of the cancellation is granted.


T. RAMOS, Chief (A)
Office of Appeals

cc: Warden, NKSP
Appeals Coordinator, NKSP
Appeals Coordinator, PBSP

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 69 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR-602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

IAS USE ONLY

Added after initial allegation was reviewed and processed
Institution/Parole Region: Log #: Category: Site 1

PBSP-0-19-00275

FOR STAFF USE ONLY

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): <u>TRINIELLO, GUILLERMO CRUZ</u>	CDC Number: <u>9AA-2774</u>	Unit/Cell Number: <u>FA-A6-115</u>	Assignment: <u>N/A</u>
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State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

DELAYED OR LOST OF APPEAL

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): ON JUNE 19, 2018
I SUBMITTED A CO2 GRIEVANCE AGAINST OFFICER KUMOST, ON JAN 13, 2019
SUBMITTED A ~~RECEIVED~~ C.D.C.R. FORM 22 (6/19) TO OBTAIN A RESPONSE
TO THE ORIGINAL DELAYED, LOST OR DESTROYED CO2 GRIEVANCE. ON JAN 15,
B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD LIKE TO
PLEASE FILE CO2 GRIEVANCE COMPLAINT UNDER INVESTIGATION BY THE OFFICE
OF INSPECTOR GENERAL, AND FILE OBSTRUCTIVE CHARGES AGAINST HER FOR
HER UNPLEASANT TREATMENT (MISTERY) WITHOUT MY CONSENT. I WOULD ALSO

Supporting Documents: Refer to CCR 3084.3.

☒ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 126-G, Classification Chrono):

C.D.C.R. FORM 22 (6/19) DATED:JAN 13, 2019JAN 30 2019☐ No, I have not attached any supporting documents. Reason: JAN 30 2019Inmate/Parolee Signature: [Signature] Date Submitted: 01-17-2019☐ By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the First Level of Review.

Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____ Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted In Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____ Title: _____ Signature: _____ Date completed: _____

Reviewer: _____ Title: _____ Signature: _____

Date received by AC: _____

AC Use Only

Pelican Bay State Prison

JAN 30 2019

Appeals Office

REC BY OOA

JUL 15 2019

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REC BY OOA

MAR 11 2019

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 70 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR-0602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

LAB USE ONLY	Institution/Parole Region:	Log #:	Category:
190/924	PBSP	019-00275	
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO, GUILLERMO ERNE	WAA 2974	FA-AG-115	N/A

A. Continuation of CDCR 602, Section A only (Explain your issue): 2019 K. ROYAL C.C. REQUESTED THAT I BE MORE SPECIFIC AS TO WHAT APPETITE I AM INQUIRING ABOUT ON PROVIDING A LOG # FOR TRACKING DOWN PURPOSES. THEREFORE SINCE THE INMATE'S APPEAL OFFICE DID NOT RESPOND BACK TO LOG # 190/924 WITHIN ITS THIRTY(30) DAY CHALLENGE, AND PROVIDED ME WITH A LOG # 190/924 FOR TRACKING DOWN PURPOSES WOULD LIKE TO GIVE A SHORT RUN DOWN ABOUT WHAT THE ACTUAL ONE COMPLAINT WAS ABOUT. ON JUNE 19, 2018, WHILE WORKING AT P.I.S.P., FACILITY A VAND, OUTSIDING FOUR OFFICER KUMBAT ELECTRONICALLY OPEN CELL # FOR AN INVENTORY OF PERSONAL PROPERTY DUE TO BEING TRANSFERRED FOR U.S. TO COURT PROCEEDINGS ON CASE # DE120884. WHEN SHE OFFICER KUMBAT INFORMED OPENING ASSIGNED CELL # SEXUALLY HARASSING ME. "DUE I STARTED PICKING UP PERSONAL PROPERTY SHE KUMBAT THEN ENTERED WITH ME, ON OFFENSIVE AND INTENTIONAL TOXICITY TO MY GENITAL AREA WITH OUT MY CONSENT. DURING THE 100% INVENTORY OF PERSONAL PROPERTY SHE KUMBAT WAS STANDING IMPARTIAL OF A STATE LEXTER NEXT TO THE EMPLOYEE'S DETROIT WHEN SHE STARTED TO CALL ME OUT TO HER AND SEXUALLY HARASSING ME BY TELLING ME TO GET CLOSE TO HER TO HER RIGHT KEE TO KNEE ME IN BETWEEN MY LEGS TO SEE HOW BIG I AM IN BETWEEN MY LEGS. AFTER THAT DAY SHE STARTED FORMULATING NUMEROUS THAT I CONSIST WITH HER AND THAT I PERSONALLY TOUCHED HER. Inmate/Parolee Signature: *[Signature]* Date Submitted: 01-17-2019

Pelican Bay State Prison

JAN 20 2019

Appeals Office

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(1)

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REC'D BY OOA

MAR 11 2019

B. Continuation of CDCR 602, Section B only (Action requested): LIKE TO CONDUCT A POLYGRAPH EXAMINATION AGAINST HER IF SHE DENIES ALL ALLEGATIONS MADE AGAINST HER AND STATE THAT AM CHARGING CRIMINAL CHARGES AGAINST HER PER TITLE 15 SECTION 3293(A)(B) POLYGRAPH EXAMINATION. JAN 30 2019

Inmate/Parolee Signature: *[Signature]*

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 71 of 122

State of California

Attachment E-1
Department of Corrections and Rehabilitation

Memorandum

Date : February 8, 2018

To : TRUILLO, GUILLERMO, # AA2974
202001A1-104001L, Kern Valley State Prison

Subject: STAFF COMPLAINT RESPONSE - APPEAL # PBSP-O-19-00275 SECOND LEVEL RESPONSE
PREA Log number assigned PBSP-PREA-19-02-005

APPEAL ISSUE:

TRUILLO submitted a CDCR 22 Form to appeals wherein TRUILLO claimed he submitted a CDCR 602 on June 19, 2018 relative to being touched in the genitals by female staff. The CDCR 22 Form was received on the day TRUILLO left PBSP on "out to court" status.

All issues unrelated to the allegation of staff misconduct must be appealed separately and will not be addressed in this response. You do not exhaust administrative remedies on any unrelated issue not covered in this response or concerning any staff member not identified by you in this complaint. If you are unable to name all involved staff you may request assistance in establishing their identity.

DETERMINATION OF ISSUE:

A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal is:

- The allegations are being investigated per Prison Rape Elimination Act (PREA) policy.

Your appeal is PARTIALLY GRANTED In that:

- TRUILLO's appeal has been referred by the hiring authority to a trained investigator to determine whether the evidence warrants an investigation. After the determination has been made, your complaint will be processed accordingly and you will be notified of the outcome.

An attempt was made to interview TRUILLO telephonically on Saturday, February 2, 2019 by Investigative Services Unit (ISU) Officer B. Diggle while you were housed at San Quentin State Prison. TRUILLO refused to participate in the telephonic interview (see 128B dated 2/2/2019) authored by Officer B. Diggle.

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 72 of 122

TRUILLO AA2974

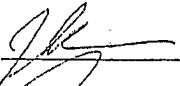
Attachment E-1

Page 2

ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.

- As such, the details of any inquiry will not be shared with staff, members of the public, or offender appellants.
- Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. A variety of personnel actions may be initiated by the Department based upon the content of your complaint and the outcome of any investigation or inquiry conducted as a result of your complaint.
- Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

If you wish to appeal the decision and/or exhaust administrative remedies, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's/Third Level of Review. Once a decision has been rendered at the Third Level, administrative remedies will be considered exhausted.

Print: J. Anderson, Sergeant, ISU Sign:  Date: 2/8/2019
Interviewer

Print: Bell, COW Sign:  Date: 2/8/19
Reviewing Authority

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 73 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

1901924



AA2974

IAB USE ONLY

Institution/Parole Region:

Log #:

Category:

PBSP-0-19-00275

FOR STAFF USE ONLY

You may appeal only a CDCR decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):

Treille

CDC Number:

AA2974

Unit/Cell Number:

Assignment:

H/A

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):

FEB 06 2019

B. Action requested (If you need more space, use Section B of the CDCR 602-A):

FEB 06 2019

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason:

FEB 06 2019

Inmate/Parolee Signature:

Date Submitted:

☐ By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☒ No

This appeal has been:

☒ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☐ Accepted at the First Level of Review.

Assigned to: _____

Title: _____

Date Assigned: _____

Date Due: _____

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: _____

Interview Location: _____

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: _____

(Print Name)

Title: _____

Signature: _____

Date completed: _____

Reviewer: _____

(Print Name)

Title: _____

Signature: _____

Date received by AC: _____

AC Use Only

REC BY OOA

JUL 15 2019

REC BY OOA

MAR 11 2019

STATE OF CALIFORNIA
INMATE/PAROLEE APPEALS
CDCR 602 (REV. 03/12)

Case 1:22-cv-00177-AWI-CDB Document 1 Filed 04/20/20 Page 74 of 122

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

BYPASS

Inmate/Parolee Signature: _____

Date Submitted: _____

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☒ No

This appeal has been:

☒ By-passed at Second Level of Review. Go to Section G.

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____

☐ Cancelled (See attached letter)

☐ Accepted at the Second Level of Review

Assigned to: TS4 Title: _____ Date Assigned: 2/11/19 Date Due: 2/13/19

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: 2/2/19 Interview Location: Refugee See 128B

Your appeal issue is: ☐ Granted ☒ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: J. HOBBS Title: SAT Signature: _____ Date completed 2/2/19

Reviewer: BEH Title: KDW Signature: _____

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant 1/1/19

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

ACCORDING TO OFFICER NICKLE THIS 602 APPEAL WAS PARTIALLY GRANTED WITH NO ACTION TAKEN TO
RECOMMEND OR CORRECT THE PROBLEM, THEREFORE RESUBMIT THE 602 APPEAL FOR FURTHER REVIEW
AND CORRECT OFFICER NICKLE UNLAWFUL ACTIONS UNAPPROPRIATE TEACHING WITHOUT MY CONSENT.
VIOLATION OF C.P.C.R. RULES 1534015 (a)(E)(5) STAFF SEXUAL MISCONDUCT. THEREFORE I WOULD LIKE
TO OBTAIN BETTER REMEDIES.

Inmate/Parolee Signature: [Signature]

Date Submitted: _____

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____

☒ Cancelled (See attached letter) Date: 2/11/19

☐ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant JUN 2 8/2019

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because: State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____

Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 75 of 122

STATE OF CALIFORNIA
RIGHTS AND RESPONSIBILITY STATEMENT
CDD FORM 602

CS./

RIGHTS AND RESPONSIBILITY STATEMENT

The California Department of Corrections and Rehabilitation has posted the department language (CDD 602) inside brackets, in non-italic type, for clarification purposes.

Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER (this includes a departmental peace officer) FOR ANY IMPROPER POLICE (or peace) OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' (or inmates/parolees') COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN (or inmate/parolee) COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

COMPLAINANT'S PRINTED NAME	COMPLAINANT'S SIGNATURE	DATE SIGNED
INMATE/PAROLEE PRINTED NAME	INMATE/PAROLEE'S SIGNATURE	CDD NUMBER DATE SIGNED
RECEIVING STAFF'S PRINTED NAME	RECEIVING STAFF'S SIGNATURE	DATE SIGNED

DISTRIBUTION:
ORIGINAL -
Public - Institution Head/Parole Administrator
Inmate/Parolee - Attach to CDD form 602
Employee - Institution Head/Parole Administrator
COPY - Complainant

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 76 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (PRINT): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
TRUJILLO, GUILLERMO CRUZ		#AA-2974	<i>[Signature]</i>
INMATE/PAROLEE NUMBER:	ASSIGNMENT:	HOURS FROM:	TOPIC (I.E. MAIL, COORDINATION OF CONFINEMENT (PAROLE, ETC.):
FA-AU-115	N/A	N/A	POLYGRAPH EXAMINATION

PLEASE STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:
 I WOULD LIKE TO CONDUCT A POLYGRAPH EXAMINATION AGAINST C/O KUMHAT REGARDING TO HER SEXUAL HARASSMENT AND FOMENTING OF RUMORS BY HER. APPROVAL THAT I CAME TO AN AGREEMENT WITH HER TO TALK EACH OTHER WHICH ARE ALL LIES AND FALSE ACCUSATIONS BY OFFICER KUMHAT. THIS TYPE OF MISCONDUCT SHALL NOT BE TOLERATED OR PERMITTED AT ANY POINT AND TIME. THIS POLYGRAPH EXAMINATION SHALL BE CONDUCTED UNDER INVESTIGATION MATTERS AGAINST C/O KUMHAT PER: TITLE 15 3293 (A)(6), POLYGRAPH EXAMINATION. SEE ATTACHED C.D. C.A. FORM 32 (10/09), DATED: JAN-13-2019.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☒ SENT THROUGH MAIL: ADDRESSED TO: I.S.U. (STAFF)

DATE MAILED: 01-23-19

☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: FIRST STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM:	DATE DELIVERED/MAILED:	METHOD OF DELIVERY (CIRCLE ONE): IN PERSON <input checked="" type="radio"/> BY MAIL	
INVESTIGATION SERVICES UNIT (STAFF)	01-23-19		

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 77 of 122

2

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (PHN), (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
TRUJILLO, GUILLERMO CRUZ		AA-2974	<i>[Signature]</i>
HOUSING BED NUMBER:	ASSIGNMENT:	HOURS FROM:	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT, PUNISH, ETC.):
FA-A6-115	N/A	N/A	DELAYED OR LOST OF APPEAL

PLEASE STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:
ON THE ABOVE DATE: JUNE 17, 2018, I WAS SUBMITTED A CASE INVOICE AGAINST C/O KUMBIT
REGARDING TO HER FURNITURE RUMORS AS TOUCHING BY CONTESTANTS (PUNISH) DURING AN INMATE
PROPERTY INVENTORY FOR OUT-TO COURT PROCEEDINGS ON THIS NO. 300/2018. THIS WAS
SUBMITTED ON JUNE 17, 2018, BUT HAVE NOT RECEIVED A RESPONSE BACK ON THAT PARTICULAR
62 ITS BEEN OVER TWENTY 30 CALENDAR DAYS VIOLATION OF C.D.C.R. POLICY TITLE 15
SECTION 3087.5 (C) (1) (2) (3) APPEAL TIME LIMITS. THEREFORE WOULD LIKE FOR THE
INMATE APPEALS OFFICE TO THINK DOWN THE DELAYED OR LOST OF APPEAL

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **

☒ SENT THROUGH MAIL: ADDRESSED TO: INMATE APPEALS OFFICE AT (P.D.S.P.) DATE MAILED: 01-13-19
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE)

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHICH:		DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY MAIL
INMATE APPEALS OFFICE AT (P.D.S.P.)		01-13-19	

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
K. Royal, CCR	1-15-19	<i>[Signature]</i>	1-15-19

You would need to be more specific as to what appeal
you are referring to. Pelican Bay State Prison

JAN 30 2019

Appeals Office

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 78 of 122

ASU2.159

3

INMATE APPEAL ROUTE SLIP

To: ISU

Date: February 11, 2019

From: INMATE APPEALS OFFICE

Re: Appeal Log Number PBSP-O-19-00275 By Inmate TRUILLO, AA2974

Please assign this appeal to appropriate staff for SECOND level response.

Appeal Issue: STAFF COMPLAINTS

Due Date: 03/14/2019

Special Needs: CCCMS - TRIPLE CMS, E. C. REQUIRED

STAFF INSTRUCTIONS:

Second level appeals require a personal interview if not afforded at the first level. Begin your response with: GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return to Appeals Office. Appeals that are incomplete will be returned to the responding staff for appropriate completion. Refer to D.O.M. 54100 for instructions.

- ☐ K. Royal, Appeals Coordinator
- ☐ D. Landay, SSA
- ☐ T. Buchanan, SCR LT.
- ☐ I. DeWitt

Appeals Coordinator
PBSP Appeals Office

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 79 of 122

4

EXHIBIT E

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 80 of 122

STATE of CALIFORNIA
OIG | OFFICE of the
INSPECTOR GENERAL

Roy W. Wasley, Inspector General
Bryan B. Beyer, Chief Deputy Inspector General

Independent Prison Oversight

September 23, 2019

Guillermo Trujillo, AA2974
Deuel Vocational Institution
P.O. Box 600
Tracy, CA 95378-0600

Regional Offices
SANTA ANA
Bakersfield
Palo Verde Correctional Institution

Dear Guillermo Trujillo,

The Office of the Inspector General (OIG) received your correspondence on November 19 and December 3, 2018. We also received correspondence from you on April 8 and June 10, 2019. We have conducted a review into the issues you raised. Based on our review of your complaint, we determined that no further intervention is warranted by our office at this time. We apologize for our delay in responding to your correspondence.

When conducting our reviews, we document and review the alleged activity, review applicable policies and procedures, and request additional documentation from the California Department of Corrections and Rehabilitation (CDCR), as needed. Our reviews may also require us to request an inmate appeals tracking system report from the department to ensure that inmates have access to formal administrative remedies.

We also attempt to determine if you have attempted to obtain resolution to your complaint by filing a CDCR Form 22, Inmate/Parolee Request for Interview, Item or Service or CDCR 1824, Request for Reasonable Accommodation. If your request was unsuccessful, we encourage you to utilize your available administrative grievance remedies by filing a CDCR 602, Inmate/Parolee Appeal form. You should continue the administrative grievance process until you have received a final decision by the CDCR's third level of review. If you have received a response by the third level of review and believe the department failed to appropriately address your concerns, you may choose to resubmit your complaint to our office and include the reasons why the department's response was inappropriate.

The OIG is an independent State of California government agency established by law. Our primary responsibility is the independent oversight of California's youth and adult correctional agencies, including the CDCR, the Board of Parole Hearings, and the Prison Industry Authority. As part of our statutory mandates, the OIG oversees the internal affairs investigations and employee disciplinary process of the CDCR, monitors CDCR's use-of-force review process, and conducts reviews of the department's policies, practices, and procedures. The OIG is not an investigative agency and does not conduct independent investigations, provide legal advice, or pursue legal actions on behalf of inmates.

If you have safety concerns you should notify staff immediately.

Thank you for bringing your concerns to our attention.

INTAKE AND REVIEW UNIT
Office of the Inspector General
ML : 18-00279-12-PI



Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 81 of 122

EXHIBIT F

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 82 of 122

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF APPEALS
P.O. BOX 942883
SACRAMENTO, CA 94283-0001

THIRD LEVEL APPEAL DECISION

on 7/26/19 by JZ

(date) (initials)

Number of pages scanned: 71

Date: JUN 13 2019
In re: Guillermo Truillo, AA2974
North Kern State Prison
P.O. Box 567
Delano, CA 93216-0567

TLR Case No.: 1901944

Local Log No.: PBSP-19-00278

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner M. Hodges, Captain. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that on January 19, 2019, Correctional Officer (CO) Gutierrez conducted a clothed body search on him and inappropriately "cupped my genitals grasping at them causing pain then ran his right hand palm in between my buttocks skipping his fingers in between my two buttocks to offend and humiliate my dignity." CO Gutierrez then made unprofessional statements that "he never felt anything in between my legs" and that the "clothed search was done for the white girls female staff for writing them up on employee sexual harassment and the (indcipherable) of me exposing my genitals to his female coworkers."

The appellant requests an Internal Affairs investigation

II SECOND LEVEL'S DECISION: The reviewer found no basis to grant the appeal. A review of the allegation of staff misconduct presented in the written complaint was completed and based upon this review the appellant's appeal was referred for an allegation investigation. The appeal was partially granted in that the appeal has been referred by the hiring authority to a trained investigator to determine whether the evidence warrants an investigation. After the determination has been made, the appellant's complaint will be processed accordingly and he will be notified of the outcome.

III THIRD LEVEL DECISION: Appeal is denied.

A. FINDINGS: It is noted that although Section "B" of this appeal is labeled, "Action requested..." the appellant inappropriately continued his written argument from Section "A" into Section "B." The information provided in Section "A" of the CDC Form 602, Inmate/Parolee Appeal Form is considered an explanation of the issue.

Upon review of the documentation submitted, it was determined at the Third Level of Review (TLR) that the appellant's allegation was appropriately reviewed and evaluated by administrative staff. All staff personnel matters are confidential in nature and will not be disclosed to other staff, the general public, the inmate population, or the appellant. If the conduct of staff was determined to not be in compliance with policy, the institution will take the appropriate course of action. In this case, the Second Level of Review informed the appellant that an allegation inquiry by the Investigative Services Unit is pending. While the appellant has the right to submit an appeal as a staff complaint, requests for: administrative action regarding staff; the placement of documentation in a staff member's personnel file; to reprimand staff; to remove staff from a position; and/or requests for monetary compensation, are beyond the scope of the appeals process. Contact with the Pelican Bay State Prison (PBSP) Investigative Services Unit staff provided information that the allegation inquiry is pending. No relief is warranted at the TLR.

The appellant has added new issues and requests to the appeal. The additional requested action is not addressed herein as it is not appropriate to expand the appeal beyond the initial problem and the initially requested action (CDC Form 602, Inmate/Parolee Appeal Form, Sections A and B).

B. BASIS FOR THE DECISION:
California Penal Code Section: 832.7, 832.8

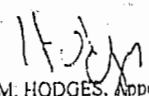
Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 83 of 122

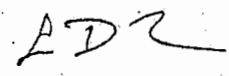
GUILLERMO TRUILLO, AA2974
CASE NO. 1901944
PAGE 2

California Code of Regulations, Title 15, Section: 3004, 3084.1, 3391
CDCR Operations Manual, Section: 54100.4

C. ORDER: No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.


M. HODGES, Appeals Examiner
Office of Appeals


T. RAMOS, Chief (A)
Office of Appeals

cc: Warden, NKSP
Appeals Coordinator, NKSP
Appeals Coordinator, PBSP

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on 7/26/19 by JS-12
(date) (initials)
Number of pages scanned: 71

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 84 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR-0602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

1901944	30	Side 1
AA2974	Institution/Parole Region: PBSP	Log #: A-19-00878
	Category: (7)	
	FOR STAFF USE ONLY	

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): TRUJILLO, GUILLERMO CRUZ	CDC Number: AA-2974	Unit/Cell Number: FA-AC-115	Assignment: N/A
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State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

Pelican Bay State Prison

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): ON THE ABOVE DATE:

01-19-19, C/O OUTIERREZ WAS ASKING MANNING FINALLY A YARD, WARD RELEASE
WHEN HE OFFERED OUTIERREZ, UNPLEASANT, OFFENSIVE, AND INTENTIONALLY
TRIED ME WITHOUT MY CONSENT BY USING THE ALIBI THAT HE'S UNPLEASANT

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD LIKE TO
CONDUCT AND INTERVIEW APPROPRIATE INVESTIGATION AGAINST OUTIERREZ, WITHIN
OUTIERREZ, OFFER CRIMINAL CHARGES AGAINST, AND A POLYGRAPH
TEST AGAINST HIM UNDER INVESTIGATIVE AND TO HIS CRIMINAL

Supporting Documents: Refer to CCR 3084.3.

☒ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory, CDC 128-G, Classification Chrono):

C.D. C.R. 22 FORM (10/09) DATED:JAN-31-2019☐ No, I have not attached any supporting documents. Reason: JAN 31 2019Inmate/Parolee Signature: [Signature] Date Submitted: 01-19-2019☐ By placing my initials in this box, I waive my right to receive an interview.

JAN 31 2019
 Appeals Office
 TO HAFER SC REVIEW
 Process as Mgmt of ID

REC BY OOA

MAR 11 2019

C. First Level - Staff Use Only		Staff - Check One: Is CDCR 602-A Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
This appeal has been:			
<input type="checkbox"/> Passed at the First Level of Review. Go to Section E.			
<input checked="" type="checkbox"/> Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____			
<input type="checkbox"/> Cancelled (See attached letter) Date: _____			
<input type="checkbox"/> Accepted at the First Level of Review.			
Assigned to: _____ Title: _____		Date Assigned: _____ Date Due: _____	
First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.			
Date of Interview: _____		Date of Review: _____	
Your appeal issue is: <input type="checkbox"/> Granted <input type="checkbox"/> Granted in Part <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____		on <u>7/26/19</u> by <u>J-L</u>	
See attached letter. If dissatisfied with First Level response, complete Section D.		(date) completed: (initials)	
Interviewer: _____ Title: _____ Signature: _____		Number of pages scanned: 71	
Reviewer: _____ Title: _____ Signature: _____			
Date received by AC: _____			
AC Use Only			

INMATE/PAROLEE APPEAL
CDCR-602 (REV. 03-18)

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 85 of 122

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

BYPASS

Inmate/Parolee Signature: _____

Date Submitted: _____

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☒ Yes ☐ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter)☒ Accepted at the Second Level of ReviewAssigned to: IS 4 Title: _____ Date Assigned: 2-6-19 Date Due: 2-13-19

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: 2-7-19Interview Location: REFUSED SEE 1288 JAYour appeal issue is: ☐ Granted ☒ Granted in Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: J. ANDERSON Title: Sgt Signature: [Signature] Date completed: 2/2/19Reviewer: [Signature] Title: CDW Signature: [Signature] Date received by AC: 2/11/2019

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant 1 1

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

I AM DISSATISFIED WITH THE SECOND LEVEL RESPONSE BECAUSE THEIR HAS NOT BEEN ANY APPROPRIATE ACTION TO OFFICER CUTERRERZ UNWARRANTED TOUHING. THEREFORE WOULD LIKE TO PLACE THIS GO2 IMPDET UNDER INVESTIGATION WITH THE OFFICE OF INSPECTOR GENERAL AND OBTAIN BETTER REMEDIES.

Inmate/Parolee Signature: [Signature]

Date Submitted: _____

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____ Date: _____☐ Cancelled (See attached letter) Date: _____☒ Accepted at the Third Level of Review: Your appeal issue is ☐ Granted ☐ Granted in Part ☒ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant JULY 20, 2019

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____
Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

18

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 86 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR-0602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

32

Side 1

LAB USE ONLY	Institution/Parole Region:	Log #:	Category:
1901944	PBSPA	19-00978	
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.
Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO, GUILLERMO ORUZ	#AA-2974	FA-A6-115	N/A
A. Continuation of CDCR 602, Section A only (Explain your issue):			Pelican Bay State Prison
<p>TAKING ON CLOTHES SEARCH WAS MORE ATTENTIONARY INSPECTION INTO OR OUT OF HIGH SECURE RISK AREAS. OFFICER GUTTERER, INSERT HIS RIGHT HAND WHILE ONLY WEARING STATE EXPOS SHORT AND BLUE STATE T-SHIRT IN BETWEEN MY LEGS INTO THE CAVITY AND RETAINED UNDER AND AROUND UNTIL HE RUBBED MY GENITALS DESCRIBING AS THEY CHANGING. THEN AND THEN RAN HIS RIGHT HAND BACK IN BETWEEN MY BUTTOCKS SLIPPING HIS FINGERS IN BETWEEN MY TWO BUTTOCKS TO CHECK MY PRIVATE PARTS. MY BUTTOCKS AFTER OFFICER GUTTERER, CHECKING MY GENITALS DESCRIBING AS THEY CHANGING. HE STARTED MAKING UNPROFESSIONAL STATEMENTS THAT HE NEVER FELT ANYTHING IN BETWEEN MY LEGS. I BELIEVE THESE STATEMENTS BY OFFICER GUTTERER WAS WITH THE INTENTION TO EMBARASS ME THAT I DON'T HAVE ANY GENITALS. WHAT SO EVER, HE ALSO MADE THE FOLLOWING STATEMENTS THAT THE CLOTHES SEARCH WAS DONE FOR THE WHITE GIRL'S FEMALE STAFF, FOR WAITING THEM UP ON EMPLOYER SEXUAL HARASSMENT AND NO EXPRESSING MY GENITALS TO HIS FEMALE SUPERVISOR. VIOLATION OF CDCR POLICY AND TITLE 15 SECTION 32271(a), ANATOMY, PROPERTY AND BODY INSPECTIONS AND THE VIOLATION OF MY FOURTH AMENDMENT RIGHTS UNPROFESSIONAL SEARCH AND SEIZURE. THIS RESULTS A VIOLATION OF AN INMATE AS OFFENSIVE AND INTENTIONAL TREATMENT WITHOUT THE INMATE'S CONSENT.</p>			<p>JAN 31 2019</p> <p>Appeals Office</p> <p>REC BY OOA</p> <p>MAR 11 2019</p>
JAN 31 2019			
Inmate/Parolee Signature: <i>[Signature]</i>			Date Submitted: 01-19-2019

B. Continuation of CDCR 602, Section B only (Action requested): OF ALL ALLEGATIONS MADE AGAINST HUMAN RIGHTS POLYGRAPH EXAMINATION SIMIL NOT BE USED AS AN ALTERNATIVE TO DETERMINE A PERSON'S GUILTY OR INNOCENT OF CHARGES IN DISCIPLINARY MATTERS, BUT IN ADDITION, TO SEE IF HE MEETS HIS VALUES AS A PROFESSIONAL OFFICER AND HIS TRUTHFUL STATEMENTS OF HONESTY. TITLE 15 SECTION 32271(a)(2), ANATOMY, EXAMINATION. JAN 31 2019

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on 7/26/19 by J.K.

(date) (initials)

Number of pages scanned: 71

Inmate/Parolee Signature: *[Signature]* Date Submitted: 01-19-2019

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 87 of 122

State of California

Attachment E-1
Department of Corrections and Rehabilitation

Memorandum

Date : February 8, 2018

To : TRUILLO, GUILLERMO, # AA2974
Z02001A1-104001L, Kern Valley State Prison

Subject: STAFF COMPLAINT RESPONSE - APPEAL # PBSP-A-19-00278 SECOND LEVEL RESPONSE
PREA Log number assigned PBSP-PREA-19-02-008

APPEAL ISSUE:

TRUILLO submitted a CDCR 602 Form to appeals wherein TRUILLO alleged staff inappropriately touched his genitals and buttocks during a clothed body search. TRUILLO further alleged that the staff member made inappropriate comments concerning TRUILLO's genitals.

All issues unrelated to the allegation of staff misconduct must be appealed separately and will not be addressed in this response. You do not exhaust administrative remedies on any unrelated issue not covered in this response or concerning any staff member not identified by you in this complaint. If you are unable to name all involved staff you may request assistance in establishing their identity.

DETERMINATION OF ISSUE:

A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal is:

- The allegations are being investigated per Prison Rape Elimination Act (PREA) policy.

Your appeal is PARTIALLY GRANTED in that:

- TRUILLO's appeal has been referred by the hiring authority to a trained investigator to determine whether the evidence warrants an investigation. After the determination has been made, your complaint will be processed accordingly and you will be notified of the outcome.

TRUILLO was telephonically interviewed on Thursday, February 7, 2019 at approximately 1515 hours by Investigative Services Unit (ISU) Sergeant J. Anderson. TRUILLO reiterated the allegations contained within the submitted appeal and clarified information needed to proceed with the PREA investigation.

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on 7/26/19 by J.K
(date) (initials)

Number of pages scanned: 71

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 88 of 122

TRUILLO AA2974


Attachment E-1

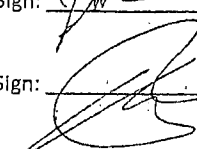
Page 2

ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.

- As such, the details of any inquiry will not be shared with staff, members of the public, or offender appellants.
- Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. A variety of personnel actions may be initiated by the Department based upon the content of your complaint and the outcome of any investigation or inquiry conducted as a result of your complaint.
- Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

If you wish to appeal the decision and/or exhaust administrative remedies, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's/Third Level of Review. Once a decision has been rendered at the Third Level, administrative remedies will be considered exhausted.

Print: J. Anderson, Sergeant, ISU Sign:  Date: 2/8/2019
Interviewer

Print: Bell, CDW Sign:  Date: 2/8/19
Reviewing Authority

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on 7/26/19 by J-K
(date) (initials)
Number of pages scanned: 71

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 89 of 122

STATE OF CALIFORNIA
RIGHTS AND RESPONSIBILITY STATEMENT
CDCR 1552 (Rev. 10/95)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

23.

RIGHTS AND RESPONSIBILITY STATEMENT

The California Department of Corrections and Rehabilitation has added the department language (shown inside brackets, in non-bold/face type) for clarification purposes.

Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER (this includes a departmental peace officer) FOR ANY IMPROPER POLICE (or peace) OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' (or inmates/parolees') COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN (or inmate/parolee) COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

COMPLAINANT'S PRINTED NAME	COMPLAINANT'S SIGNATURE	DATE SIGNED	
INMATE/PAROLEE PRINTED NAME	INMATE/PAROLEE'S SIGNATURE	CDC NUMBER	DATE SIGNED
RECEIVING STAFF'S PRINTED NAME	RECEIVING STAFF'S SIGNATURE	DATE SIGNED	

DISTRIBUTION:

ORIGINAL -
Public - Institution Head/Parole Administrator
Inmate/Parolee - Attach to CDC form 602
Employee - Institution Head/Parole Administrator
COPY - Complainant

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on 7/26/19 by J.K.

(date) (initials)

Number of pages scanned: 71

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 90 of 122

ASU2. 159L

INMATE APPEAL ROUTE SLIP

To: ISU

Date: February 12, 2019

From: INMATE APPEALS OFFICE

Re: Appeal Log Number PBSP-A-19-00278 By Inmate TRUILLO, AA2974

Please assign this appeal to appropriate staff for SECOND level response.

Appeal Issue: STAFF COMPLAINTS

Due Date: 02/13/2019

Special Needs: CCCMS - TRIPLE CMS, E. C. REQUIRED

STAFF INSTRUCTIONS:

Second level appeals require a personal interview if not afforded at the first level. Begin your response with: GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return to Appeals Office. Appeals that are incomplete will be returned to the responding staff for appropriate completion. Refer to D.O.M. 54100 for instructions.

☐ K. Royal, Appeals Coordinator

☐ D. Landay, SSA

☐ T. Buchanan, SCR LT.

☐ I. DeWitt

Appeals Coordinator

PBSP Appeals Office

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on 7/26/19 by JK
(date) (initials)
Number of pages scanned: 71

3401.5. Staff Sexual Misconduct.

- (a) For the purposes of this section, staff sexual misconduct means any sexual behavior by a departmental employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, which involves or is directed toward an inmate or parolee. The legal concept of "consent" does not exist between departmental staff and inmates/parolees; any sexual behavior between them constitutes sexual misconduct and shall subject the employee to disciplinary action and/or to prosecution under the law. Sexual misconduct includes, but is not limited to:
- (1) Influencing or offering to influence an inmate's/parolee's safety, custody, housing, privileges, parole conditions or programming, or offering goods or services, in exchange for sexual favors; or
- (2) Threatening an inmate's/parolee's safety, custody, housing, privileges, work detail, parole conditions or programming because the inmate/parolee has refused to engage in sexual behavior; or
- (3) Engaging in sexual acts or contact, including:
- (A) Sexual intercourse; or
 - (B) Sodomy; or
 - (C) Oral Copulation; or
 - (D) Penetration of genital or anal openings by a foreign object, substance, instrument or device for the purpose of sexual arousal, gratification, or manipulation; or
 - (E) Rubbing or touching of the breasts or sexual organs of another, or of oneself, in the presence of and with knowledge of another, for the purpose of sexual arousal, gratification, or manipulation; or
- (4) Invasion of privacy, beyond that reasonably necessary to maintain safety and security; or disrespectful, unduly familiar, or sexually threatening comments directed to, or within the hearing of, an inmate/parolee.
- (4) Display by staff, in the presence of an inmate, of the staff person's uncovered genitalia, buttocks, or breast;

CTIONS AND REHABILITATION

§ 3401.5

- (5) Voyeurism by a staff person including volunteers or independent contractors. Voyeurism is defined as an invasion of privacy of an offender by staff for reasons unrelated to official duties.
- (b) Penalties: All allegations of staff sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution.
- (c) Reporting Requirements. Any employee who observes, or who receives information from any source concerning staff sexual misconduct, shall immediately report the information or incident directly to the hiring authority, unit supervisor, or highest-ranking official on duty. Failure to accurately and promptly report any incident, information or facts which would lead a reasonable person to believe sexual misconduct has occurred may subject the employee who failed to report it to disciplinary action.
- (d) Confidentiality. Alleged victims who report criminal staff sexual misconduct falling into one of the Penal Code section set forth in Government Code Section 6254(f)(2) shall be advised that their identity may be kept confidential pursuant to Penal Code Section 293.5, upon their request.
- (e) Retaliation Against Employees. Retaliatory measures against employees who report incidents of staff sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, unwarranted denials of promotions, merit salary increases, training opportunities, or requested transfers; involuntary transfer to another location/position as a means of punishment; or unsubstantiated poor performance reports.
- (f) Retaliation Against Inmates/Parolees. Retaliatory measures against inmates/parolees who report incidents of staff sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent an inmate/parolee from reporting sexual misconduct.
- (g) Protection Measures. Multiple protection measures shall be considered to protect inmate victims who report staff sexual misconduct or cooperate with staff sexual misconduct investigations including but not limited to housing changes or transfers for inmate victims, removal of alleged staff from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting staff sexual misconduct or sexual harassment or for cooperating with investigations.

NOTE: Authority cited: Section 3058, Penal Code. Reference: Sections 289.6, 293.5 and 3054, Penal Code; and Section 6254, Government Code; and 28 CFR Section 115.67.

HISTORY:

1. New section filed 6-21-2000 as an emergency; operative 6-21-2000 (Register 2000, No. 25). Pursuant to Penal Code section 5058(c), a Certificate of Compliance must be transmitted to OAL by 11-28-2000 or emergency language will be repealed by operation of law on the following day.
2. Certificate of Compliance as to 6-21-2000 order transmitted to OAL 10-5-2000 and filed 11-6-2000 (Register 2000, No. 43).
3. Amendment of subsection (d) and repealer of subsection (g) filed 3-20-2002; operative 4-19-2002 (Register 2002, No. 12).
4. Change without regulatory effect amending subsection (a) filed 3-11-2013 pursuant to section 100, title 1, California Code of Regulations (Register 2013, No. 11).
5. Amendment of section heading and subsection (a), new subsections (a)(4)-(5), amendment of subsections (b)-(f), new subsection (g) and amendment of Note filed 10-20-2016; operative 10-20-2016 pursuant to Government Code section 11343.4(b)(3) (Register 2016, No. 43).

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(date) (initials)
Number of pages scanned: 71

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
Side 1

1901923
AA2974

SE ONLY Institution/Parole Region: Log #: Category:
PBSP-0-19-0073 7

FOR STAFF USE ONLY

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations (CCR), Title 15, Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to reflection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):
Treillo

CDC Number:
AA2974

Unit/Cell Number:

Assignment:
UIA

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):
staff complaint

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):
FEB 06 2019

B. Action requested (If you need more space, use Section B of the CDCR 602-A):
FEB 06 2019

Supporting Documents: Refer to CCR 3084.3.
☐ Yes, I have attached supporting documents.
List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):
FEB 06 2019 FEB 06 2019

☐ No, I have not attached any supporting documents. Reason: FEB 06 2019

Inmate/Parolee Signature: _____ Date Submitted: _____
☐ By placing my initials in this box, I waive my right to receive an interview.

REG-BY OC
MAR 11 2019

C. First Level - Staff Use Only
This appeal has been:
☒ Bypassed at the First Level of Review. Go to Section E.
☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____
☐ Cancelled (See attached letter) Date: _____
☐ Accepted at the First Level of Review.
Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____

First Level Responder: Complete a First Level response. Include interviewer's name, date, location, and complete the section below.
Date of Interview: _____ Interview Location: _____
Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: _____
See attached letter. If dissatisfied with First Level response, complete Section D.
Interviewer: _____ Title: _____ Signature: _____ Date completed: _____
Reviewer: _____ Title: _____ Signature: _____
Date received by AC: _____

AC Use Only

Case 20-cv-02714-HSG Document 1 Filed 04/20/20 Page 93 of 122

INMATE APPEAL ROUTE SLIP
ON 03-04-2019

ASU 2-1591

INMATE APPEAL ROUTE SLIP

To: ISU

Date: February 12, 2019

From: INMATE APPEALS OFFICE

Re: Appeal Log Number PBSP-O-19-00273 By Inmate TRUILLO, AA2974

Please assign this appeal to appropriate staff for SECOND level response.

Appeal Issue: STAFF COMPLAINTS

Due Date: 03/13/2019

Special Needs: CCCMS - TRIPLE CMS, E. C. REQUIRED

STAFF INSTRUCTIONS:

Second level appeals require a personal interview if not afforded at the first level. Begin your response with: GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return to Appeals Office. Appeals that are incomplete will be returned to the responding staff for appropriate completion. Refer to D.O.M. 54100 for instructions.

☐ K. Royal, Appeals Coordinator

☐ D. Landay, SSA

☐ T. Buchanan, SCR LT.

☐ I. DeWitt

Appeals Coordinator

PBSP Appeals Office

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(date) (Initials)

Number of pages scanned:

71

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 94 of 122

EXHIBIT G

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 95 of 122

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF APPEALS
P. O. BOX 942833
SACRAMENTO, CA 94283-0001

THIRD LEVEL APPEAL DECISION

Date: SEP 12 2019

In re: Guillermo Truillo, AA2974
Pelican Bay State Prison
P.O. Box 7000
Crescent City, CA 95531-7000

TLR Case No.: 1908016

Local Log No.: OOA-19-01923

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner K. J. Allen. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that the Office of Appeals (OOA) inappropriately cancelled his submitted appeal from Pelican Bay State Prison (PBSP). The appellant states that since the Second Level of Review (SLR) contains false information, the claim that he refused to be interviewed for the appeal interview is also a lie. The appellant states that staff lied as he never refused to be interviewed and his appeal matter should be addressed. The appellant requests that his previously cancelled appeal (PBSP Log #19-00273) be processed.

II EXAMINER'S DECISION: The OOA cancelled the appeal in accordance with the California Code of Regulations, Title 15, Section (CCR) 3084.6(c)(8). The appellant failed to be interviewed with the reviewer.

III THIRD LEVEL DECISION: Appeal is denied.

A. FINDINGS: Although the appellant asserts that his appeal was inappropriately cancelled by the OOA, he has not presented sufficient evidence to support his claim that multiple staff lied concerning his refusal to cooperate during the appeal interview. Pursuant to the CCR 3084.6(c)(8), an appeal may be cancelled if the appellant refuses to be interviewed or to cooperate with the reviewer.

In the appellant's case, Investigative Services Unit Correctional Officer Diggle documented on a CDCR Form 128-B, General Chrono the appellant's refusal to participate in the telephonic interview. Therefore, the appeal was correctly cancelled in accordance with departmental rules and regulations. The appellant did receive a SLR and it is noteworthy that the CCR 3084.6(a)(5) indicates that "Erroneous acceptance of an appeal at a lower level does not preclude the next level of review from taking appropriate action, including rejection or cancellation of the appeal." Relief in this matter at the Third Level of Review is not warranted.

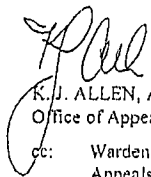
B. BASIS FOR THE DECISION:
California Penal Code Section: 5058
CCR: 3001, 3084.1, 3084.5, 3084.6, 3084.8
CDCR Operations Manual, Section: 54100.1, 54100.3

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 96 of 122

GUILLERMO TRUILLO, AA2974
CASE NO. 1908016
PAGE 2

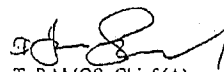
C. ORDER: No changes or modifications are required.

This decision exhausts the administrative remedy available to the appellant within CDCR.



K.J. ALLEN, Appeals Examiner
Office of Appeals

cc: Warden, PBSP
Appeals Coordinator, PBSP
Appeals Coordinator, OOA



T. RAMOS, Chief (A)
Office of Appeals

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 97 of 122

22

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION



LAB USE ONLY	Institution/Parole Region:	Log #:	Category:
00A-19-01923			10
FOR STAFF USE ONLY			

AA2974 decisions and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material effect on the inmate's status. There is no other prescribed method of departmental review/ remedy available. See California Code of Regulations (CCR), Title 15, Section 3054.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3054 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): TRUJILLO GUILLERMO CRUZ CDC Number: AA-2974 Unit/Cell Number: F13-D4-223

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

REJECTION, CANCELLATION, AND WITHDRAWAL CRITERIA

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): I AM APPELLING THE CANCELLATION DECISION BECAUSE SGT. J. ANDERSON AT P.B.S.P ATTEMPTED TO INTERVIEW APPELLANT TELEPHONICALLY BUT THAT APPELLANT C. TRUJILLO REFUSE TO BE INTERVIEWED OR COOPERATE

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD LIKE FOR SGT. J. ANDERSON TO STOP MAKING FALSE ALLEGATIONS AGAINST I APPELLANT AND HAVE OUR GRIEVANCE BYPASS.

Supporting Documents: Refer to CCR 3054.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason:Inmate/Parolee Signature: [Signature] Date Submitted: 07-04-19☐ By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only		Staff - Check One: Is CDCR 602-A Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This appeal has been:			
<input type="checkbox"/> Bypassed at the First Level of Review. Go to Section E.			
<input type="checkbox"/> Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____			
<input type="checkbox"/> Cancelled (See attached letter) Date: _____			
<input type="checkbox"/> Accepted at the First Level of Review.			
Assigned to: _____		Title: _____ Date Assigned: _____ Date Due: _____	
First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.			
Date of Interview: _____		Interview Location: _____	
Your appeal issue is: <input type="checkbox"/> Granted <input type="checkbox"/> Granted in Part <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____			
See attached letter. If dissatisfied with First Level response, complete Section D.			
Interviewer: _____ (Print Name)		Title: _____ Signature: _____ Date completed: _____	
Reviewer: _____ (Print Name)		Title: _____ Signature: _____	
Date received by AC: _____			

AC Use Only

STATE OF CALIFORNIA Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 98 of 122
CDCR 602 (REV. 03/12)

Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

BYPASS

Inmate/Parolee Signature: _____

Date Submitted: _____

E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☐ Yes ☒ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.☐ Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____☐ Canceled (See attached letter)☒ Accepted at the Second Level of ReviewAssigned to: ISU Title: _____ Date Assigned: 2/16/19 Date Due: 2/13/19

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: 2/2/19Interview Location: RECEIVED SEE 128B TELEPHONE SQYour appeal issue is: ☐ Granted ☒ Granted In Part ☐ Denied ☐ Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: J. ANDERSON Title: SAT Signature: [Signature] Date completed: 2/2/19Reviewer: [Signature] Title: CDW Signature: [Signature]

Date received by AC: _____

AC Use Only

Date mailed/delivered to appellant: 1/1/19

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

I AM DISSATISFIED WITH THE SECOND LEVEL RESPONSE BECAUSE JESSIE B. DILLON STATED THAT WHILE I WAS INJURED AT SAN QUENTIN STATE PRISON, I REFUSED TO PARTICIPATE IN THE THERAPEUTIC INTERVIEW DATES: SATURDAY, FEBRUARY 02, 2019 WHICH ARE LIES BECAUSE I WAS NEVER INFORMED BY SAN QUENTIN STAFF THAT I HAD A 602 INTERVIEW WITH (P.B.S.P.) REGARDING THIS MATTER AND I HAD NOT RECEIVED 128-B CHARGES REGARDING THIS INTERVIEW. THEREFORE WOULD LIKE TO OBTAIN BETTER REMEDIES.

Inmate/Parolee Signature: [Signature]

Date Submitted: _____

G. Third Level - Staff Use Only

This appeal has been:

☐ Rejected (See attached letter for instruction) Date: 2/2/19 Date: _____ Date: _____ Date: _____☒ Canceled (See attached letter) Date: _____☐ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted In Part ☐ Denied ☐ Other: _____

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant: JUN 20 2019

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because: State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____

Date: _____

Print Staff Name: _____

Title: _____

Signature: _____

Date: _____

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 99 of 122

24

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

1908016	IA8 USE ONLY Institution/Parole Region:	Log #:	Category:
	OOA-19-01923		10
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.
Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO GUILLERMO CRUZ	AA-2474	FD-04-223	N/A

A. Continuation of CDCR 602, Section A only (Explain your issue): WITH THE INVESTIGATION
WHILE HELD AT SAN QUENTIN STATE PRISON. THESE ARE ALL FALSE
ALLEGATIONS MADE BY SGT. J. ANDERSON THAT I APPELLANT REFUSED
TO PARTICIPATE IN THE TELEPHONIC INTERVIEW FOR THE VERY
PURPOSE TO HAVE APPEAL CANCELLED.

REC BY-OOA

JUL - 8 2019

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E
O

Inmate/Parolee Signature:

Date Submitted: 07-04-19

B. Continuation of CDCR 602, Section B only (Action requested):

Inmate/Parolee Signature:

Date Submitted:

STATE OF CALIFORNIA
INMATE/PAROLE BOARD
CDCR 602-A (REV. 03/12)

Side 2

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

Inmate/Parolee Signature: _____ Date Submitted: _____

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response):

Inmate/Parolee Signature: _____ Date Submitted: _____

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 101 of 122

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF APPEALS
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

Date: JUN 13 2019

In re: Guillermo Truillo, AA2974
North Kern State Prison
P.O. Box 567
Delano, CA 93216-0567


TLR CASE NUMBER: 1901923
LOCAL LOG NO.: PBSP-19-00273

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner M. Hodges, Captain.

This appeal is being canceled in accordance with California Code of Regulations, Section 3084.6, Rejection, Cancellation, and Withdrawal Criteria. The appellant refused to be interviewed or cooperate.

On February 2, 2019, due to the appellant's out-to-court status and housing at San Quentin State Prison, Pelican Bay State Prison Investigative Services Unit Correctional Sergeant J. Anderson attempted to interview the appellant telephonically. However, the appellant refused to participate in the telephonic interview.

Pursuant to CCR 3084.6(e), once an appeal has been cancelled, the appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal of the cancellation is granted.


T. RAMOS, Chief (A)
Office of Appeals

cc: Warden, NKSP
Appeals Coordinator, NKSP
Appeals Coordinator, PBSP

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 102 of 122

State of California

Attachment E-1
Department of Corrections and Rehabilitation

Memorandum

Date : February 8, 2018

To : TRUILLO, GUILLERMO, # AA2974
Z02001A1-104001L, Kern Valley State Prison

Subject: STAFF COMPLAINT RESPONSE - APPEAL # PBSP-O-19-00273 SECOND LEVEL RESPONSE
PREA Log number assigned PBSP-PREA-19-02-007

APPEAL ISSUE:

TRUILLO submitted a CDCR 22 Form to appeals wherein TRUILLO claimed he submitted a CDCR 602 on June 19, 2018 relative to being touched in the genitals by female staff. The CDCR 22 Form was received on the day TRUILLO left PBSP on "out to court" status.

All issues unrelated to the allegation of staff misconduct must be appealed separately and will not be addressed in this response. You do not exhaust administrative remedies on any unrelated issue not covered in this response or concerning any staff member not identified by you in this complaint. If you are unable to name all involved staff you may request assistance in establishing their identity.

DETERMINATION OF ISSUE:

A review of the allegations of staff misconduct presented in the written complaint has been completed. Based upon this review your appeal is:

- The allegations are being investigated per Prison Rape Elimination Act (PREA) policy.

Your appeal is **PARTIALLY GRANTED** in that:

- TRUILLO's appeal has been referred by the hiring authority to a trained investigator to determine whether the evidence warrants an investigation. After the determination has been made, your complaint will be processed accordingly and you will be notified of the outcome.

An attempt was made to interview TRUILLO telephonically on Saturday, February 2, 2019 by Investigative Services Unit (ISU) Officer B. Diggle while you were housed at San Quentin State Prison. TRUILLO refused to participate in the telephonic interview (see 128B dated 2/2/2019) authored by Officer B. Diggle.

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 103 of 122

TRUILLO AA2974

Attachment E-1

Page 2

ALL STAFF PERSONNEL MATTERS ARE CONFIDENTIAL IN NATURE.

- As such, the details of any inquiry will not be shared with staff, members of the public, or offender appellants.
- Although you have the right to submit a staff complaint, a request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the staff complaint process. A variety of personnel actions may be initiated by the Department based upon the content of your complaint and the outcome of any investigation or inquiry conducted as a result of your complaint.
- Allegations of staff misconduct do not limit or restrict the availability of further relief via the inmate appeals process.

If you wish to appeal the decision and/or exhaust administrative remedies, you must submit your staff complaint appeal through all levels of appeal review up to, and including, the Secretary's/Third Level of Review. Once a decision has been rendered at the Third Level, administrative remedies will be considered exhausted.

Print: J. Anderson, Sergeant, ISU

Sign: 

Date: 2/8/2019

Interviewer

Print: 

Sign: 

Date: 2/8/19

Reviewing Authority

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 104 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
COCR 22 (10/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

SECTION A: INMATE/PAROLEE REQUEST

NAME (Print): (LAST NAME) (FIRST NAME) TRUJILLO, GUILLERMO CRUZ		CDC NUMBER: #AA-2974	SIGNATURE:
HOUSE/ROOM NUMBER: FA-A6-115	ASSIGNMENT: NIA	HOURS FROM: N/A	TOPIC (i.e. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.): POLYGRAPH EXAMINATION

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:
 I WOULD LIKE TO CONDUCT A POLYGRAPH EXAMINATION AGAINST C/O KUMSAT REGARDING TO HER SEXUAL HARASSMENT AND SPREADING OF RUMORS BY HER. APPROVAL THAT I CAME TO AN AGREEMENT WITH HER TO TALK ENOUGH OTHER WHICH ARE ALL LIES AND THEIR ACCUSATIONS BY OFFICER KUMSAT. THAT I WAS OF MISCONDUCT SHALL NOT BE TOLERATED OR PERMITTED AT ANY POINT AND TIME. THIS POLYGRAPH EXAMINATION SHALL BE CONDUCTED UNDER INVESTIGATION MATTERS AGAINST C/O KUMSAT PER: TITLE 15 3293 (A)(6) POLYGRAPH EXAMINATION. SEE ATTACHED C.D.C.R. FORM 22 (10/09) DATED: JAN-13-2019.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED**

☒ SENT THROUGH MAIL: ADDRESSED TO: **F.S.U. (STAFF)** DATE MAILED: **01/23/19**
☐ DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM: INVESTIGATION SERVICES UNIT (STAFF)		DATE DELIVERED/MAILED: 01-23-19	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON <input checked="" type="radio"/> BY MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
------------------------	-------	------------	----------------

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

SIGNATURE:	DATE SUBMITTED:
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SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 105 of 122

ASU2.159L

INMATE APPEAL ROUTE SLIP

To: ISU

Date: February 12, 2019

From: INMATE APPEALS OFFICE

Re: Appeal Log Number PBSP-O-19-00273 By Inmate TRUILLO, AA2974

Please assign this appeal to appropriate staff for SECOND level response.

Appeal Issue: STAFF COMPLAINTS

Due Date: 03/13/2019

Special Needs: CCCMS - TRIPLE CMS, E. C. REQUIRED

STAFF INSTRUCTIONS:

Second level appeals require a personal interview if not afforded at the first level. Begin your response with: GRANTED, DENIED, PARTIALLY GRANTED or WITHDRAWN. When complete, return to Appeals Office. Appeals that are incomplete will be returned to the responding staff for appropriate completion. Refer to D.O.M. 54100 for instructions.

☐ K. Royal, Appeals Coordinator

☐ D. Landay, SSA

☐ T. Buchanan, SCR LT.

☐ I. DeWitt

Appeals Coordinator

PBSP Appeals Office

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 106 of 122

STATE OF CALIFORNIA
RIGHTS AND RESPONSIBILITY STATEMENT
CDCR 1802 (Rev. 10/16)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

attest

RIGHTS AND RESPONSIBILITY STATEMENT

The California Department of Corrections and Rehabilitation has added the department language (shown inside brackets, in non-boldface type) for clarification purposes.

Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER (this includes a departmental peace officer) FOR ANY IMPROPER POLICE (or peace) OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' (or inmates/parolees') COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN (or inmate/parolee) COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

COMPLAINANT'S PRINTED NAME	COMPLAINANT'S SIGNATURE	DATE SIGNED	
INMATE/PAROLEE PRINTED NAME	INMATE/PAROLEE'S SIGNATURE	CDC NUMBER	DATE SIGNED
SUILLERMO TRUJILLO	<i>[Signature]</i>	#AA-2974	03-02-19
RECEIVING STAFF'S PRINTED NAME	RECEIVING STAFF'S SIGNATURE	DATE SIGNED	

DISTRIBUTION:

ORIGINAL -
Public - Institution Head/Parole Administrator
Inmate/Parolee - Attach to CDC form 602
Employee - Institution Head/Parole Administrator
COPY - Complainant

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 107 of 122

EXHIBIT H

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 108 of 122

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF APPEALS
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

THIRD LEVEL APPEAL DECISION

Date: May - 1 2017

In re: Guillermo Truillo, AA2974
California Medical Facility
P.O. Box 2000
Vacaville, CA 95696

TLR Case No.: 1709527 Local Log No.: OOA-17-04917

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner S. K. Hemenway. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that he is re-appealing the cancellation decision on appeal log # PBSP-17-00012. It was stated by Chief M. Voong at the Office of Appeals (OOA) that the issue had been resolved; however, argues that there was no action taken against correctional officers denial to his priority legal user status on the specific listed days, which is a violation of California Code of Regulations, Title 15, Section (CCR) 3122, Inmate Law Library and to have meaningful access to the courts and meet deadlines on active cases. The appellant is requesting this appeal bypass the Third Level of Review (TLR) to finish exhausting his administrative remedies.

II OOA's DECISION: The above appeal log # PBSP-17-00012 was cancelled by the OOA as the FLR and SLR granted the appellant's request to be given Priority Legal User (PLU) status on December 21, 2016 through January 7, 2017.

III THIRD LEVEL DECISION: Appeal is denied.

A. FINDINGS: The reviewer found that the appeal, log # PBSP-17-00012 was cancelled at the TLR as the appellant was authorized Priority Legal User (PLU) status on December 21, 2016, through January 7, 2017, as the appellant requested. The appellant claims that he was not allowed access to the library by the correctional officers. The appellant did not mention who those officers were or when he was denied access.

The Examiner reviewed the attached CDCR 22, Inmate/Parolee Request for Interview, Item or Service dated December 11, 2016, requesting his legal and personal property from the Facility "B" property staff. The appellant does not mention if he received the property or not, just states in this appeal that the officers would not give him access to his PLU status.

The Examiner surmises that the appellant was allowed access to the law library as annotated by the attached Pelican Bay State Prison Law Library Access Request. The above appeal was appropriately cancelled as the appellant was granted PLU status on the dates he requested.

After consideration of the evidence and arguments herein, the Examiner has determined that staff acted in accordance with departmental policy and procedure; therefore, relief at the TLR is not warranted in this case.

B. BASIS FOR THE DECISION:

CCR: 3000, 3000.5, 3001, 3084, 3084.1, 3084.3, 3120, 3122, 3123, 3380

C. ORDER: No changes or modifications are required by the Institution.

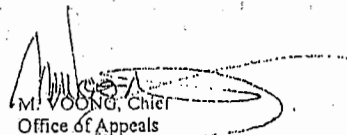
Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 109 of 122

GUILLERMO TRUILLO, AA2974
CASE NO. 1709527
PAGE 2

This decision exhausts the administrative remedy available to the appellant within CDCR.



S. K. HEMENWAY, Appeals Examiner
Office of Appeals



M. VOONG, Chief
Office of Appeals

cc: Warden, CMF
Appeals Coordinator, CMF
Appeals Coordinator, OOA

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 110 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL
CDCR 602 (REV. 08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

LAB USE ONLY		Institution/Parole Region: Log #:	Category:
1709527 AA2974		COA-17-04917	10
FOR STAFF USE ONLY			

You and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRUJILLO, GUILLERMO CRUZ	AA-2974	F3-B4-217	N/A

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

3084.6 REJECTION, CANCELLATION, AND WITHDRAWAL CRITERIA

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): I AM REAPPEALING THE CANCELLATION DECISION ON APPEAL LOG NO. # PLS-17-00012, BECAUSE IT WAS ISSUED BY CHIEF MAGISTRATE THAT THIS ISSUE HAD BEEN REVIEWED AND FURTHER REVIEW IS NOT NECESSARY BUT LEADS TO ARGUE THAT THERE HAS NOT BEEN ANY ACTION TAKEN AGAINST;

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I WOULD LIKE TO HAVE ONE GUARANTEE APPEAL IF THIS AT THE THIRD LEVEL APPROVED DECISION TO FINISH EXHAUSTING ADMINISTRATIVE REMEDIES.

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1003, Inmate Property Inventory; CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason:Inmate/Parolee Signature: [Signature] Date Submitted: 08-13-17☐ By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only		Staff - Check One: Is CDCR 602-A Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This appeal has been:			
<input type="checkbox"/> Bypassed at the First Level of Review. Go to Section E.			
<input type="checkbox"/> Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____			
<input type="checkbox"/> Cancelled (See attached letter) Date: _____			
<input type="checkbox"/> Accepted at the First Level of Review.			
Assigned to: _____		Title: _____ Date Assigned: _____ Date Due: _____	
First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.			
Date of Interview: _____		Interview Location: _____	
Your appeal issue is: <input type="checkbox"/> Granted <input type="checkbox"/> Granted in Part <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____			
See attached letter. If dissatisfied with First Level response, complete Section D.			
Interviewer: _____ (Print Name)		Title: _____ Signature: _____ Date completed: _____	
Reviewer: _____ (Print Name)		Title: _____ Signature: _____	
Date received by AC: _____			

REC BY 001

AUG 17 2017

U.

U.

A.

P.

(7)

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 111 of 122

STATE OF CALIFORNIA
INMATE/PAROLEE APPEAL FORM ATTACHMENT
CDCR 602-A (REV. 03/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

LAB USE ONLY Institution/Parole Region: Log #:

Category:

1709527

00A-17-04917 10

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
TRINIDAD, GUILLERMO CRUZ	AA 2974	FB-134-217	N/A

A. Continuation of CDCR 602, Section A only (Explain your issue): FUNCTIONAL OFFENSE DENIAL
TO HIS DISQUALIFYING WORK STATUS IN THE SPECIFIC CREDIT DAYS WHICH DEPRIVES
THE STATUS OF PAROLEE UNDER PAROLEE IS SECTION 5122(A)(4)(b) INMATE
LAW LIBRARY, REQUESTING TO HAVE MEANINGFUL ACCESS WITH THE COURTS TO MEET
DEADLINE ON ACTIVE CASE.

Inmate/Parolee Signature: [Signature] Date Submitted: 08-13-17

B. Continuation of CDCR 602, Section B only (Action requested):

REQ BY OOA
AUG 17 2017
(1)

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 112 of 122

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF APPEALS
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

Date: AUG - 7 2017

In re: Guillermo Truillo, AA2974
San Quentin State Prison
San Quentin, CA 94974

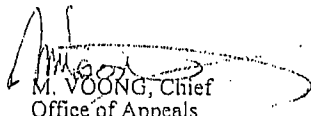
TLR CASE NUMBER: 1704917
LOCAL LOG NO.: PBSP-17-00012

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner M. Hodges, Captain.

This appeal is being cancelled in accordance with California Code of Regulations, Section 3084.6, Rejection, Cancellation, and Withdrawal Criteria. The issue has been resolved. Further review is unnecessary.

In this appeal the appellant appealed his law library access. His requested action was "...would like for (staff) to stop denying me to attend law library...." The First and Second Levels of Review noted the appellant was granted Priority Legal User status and afforded law library access on the specific listed days. The appellant's request was granted at the First and Second Levels of Review.

Pursuant to CCR 3084.6(e), once an appeal has been cancelled, the appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal of the cancellation is granted.


M. VOONG, Chief
Office of Appeals

cc: Warden, SQ
Appeals Coordinator, SQ
Appeals Coordinator, PBSP


8A

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 113 of 122

STATE OF CALIFORNIA
INSTITUTIONAL PAROLEE APPEAL
CDCR 602 (REV. 08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Slide 1

 1704917 AA2974	IAB USE ONLY Institution/Parole Region: <u>PBSPB</u> Log #: <u>17-00012</u>		Category: <u>10A</u>
	FOR STAFF USE ONLY		

You may appeal any Commission on and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): <u>WILLIAM, JAMES</u>	CDC Number: <u>444-2004</u>	Unit/Cell Number: <u>1012-205</u>	Assignment: <u>NA</u>
---	-----------------------------	-----------------------------------	-----------------------

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.): KV/S

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): See attached documents

B. Action requested (If you need more space, use Section B of the CDCR 602-A): See attached documents

Supporting Documents: Refer to CCR 3084.3. JAN 13 2017☒ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1003, Inmate Property Inventory, CDC 128-G, Classification Chrono):

INMATE PROPERTY INVENTORY DATE: 12-23-16
CLASSIFICATION CHRONO DATE: 12-23-16
☐ No, I have not attached any supporting documents. Reason:Inmate/Parolee Signature: [Signature] Date Submitted: 12-23-16☐ By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only		Staff - Check One: Is CDCR 602-A Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
This appeal has been:			
<input type="checkbox"/> Bypassed at the First Level of Review. Go to Section E. <input checked="" type="checkbox"/> Rejected (See attached letter for instruction) Date: <u>JAN 13 2017</u> Date: <u>JAN 19 2017</u> Date: <u>JAN 20 2017</u> Date: _____ <input type="checkbox"/> Cancelled (See attached letter) Date: _____ <input checked="" type="checkbox"/> Accepted at the First Level of Review.			
Assigned to: <u>CS/SC/2</u>		Title: <u>AC/1</u> Date Assigned: <u>1/24/17</u> Date Due: <u>3/8/17</u>	
First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.			
Date of Interview: <u>2/9/17</u>		Interview Location: <u>Brawley Law Library</u>	
Your appeal issue is: <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Granted in Part <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____			
See attached letter. If dissatisfied with First Level response, complete Section D.			
Interviewer: <u>[Signature]</u> Title: <u>SC/CM</u> Signature: <u>[Signature]</u> Date completed: <u>2/10/17</u>			
Reviewer: <u>[Signature]</u> Title: <u>AN</u> Signature: <u>[Signature]</u>			
Date received by AC: <u>FEB 15 2017</u>			

BA

AC Use Only

Date mailed/delivered to appellant: _____

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 114 of 122

STATE OF CALIFORNIA INMATE/PAROLEE APPEAL FORM ATTACHMENT CDCR 602-A (REV. 03/12)		<input type="checkbox"/> DEPARTMENT OF CORRECTIONS AND REHABILITATION
IAB USE ONLY		Institution/Parole Region:
Log #:		Category:
17-04917-		PBSP 8-17-00012
FOR STAFF USE ONLY		FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.
Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

[illegible]

B. Continuation of CDCR 602, Section B only (Action requested): ORDER FOR INTERVIEW OF MY FIRST INTERVIEW
REPORT OF U.S. CONSTITUTION JAN 17 2017

REC BY 001
AUG 17 2017

BA

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 115 of 122



FIRST LEVEL APPEAL RESPONSE



RE: PELICAN BAY STATE PRISON (PBSP)
Appeal Log PBSP-B-17-00012
First Level Reviewer's Response

INMATE: TRUJILLO, AA2974

APPEAL DECISION: GRANTED

APPEAL ISSUE: LEGAL

EFFECTIVE COMMUNICATION:

A review of the Pelican Bay State Prison (PBSP) Test of Adult Basic Education (TABE) database indicates your reading grade point level is 1.8. A review of the Disability and Effective Communication System indicates you have no disabilities which require special accommodation. However, based on your TABE reading level, to ensure effective communication during your interview with Mr. Cummings, acting Supervisor of Correctional Education Programs [SCEP (A)], he used simple English spoken slowly and clearly. Effective communication was achieved based on the manner in which you were able to restate the appeal issue in your own words. You also verified that you fully understood all aspects of the interview and appeal issue. Since your reading score is less than 4.0, the Appeals Coordinator will assign a staff member to read this appeal response to you to ensure effective communication.

ACTION REQUESTED:

You request that staff not obstruct your access to the courts by denying your access to the Law Library.

FINDINGS:

Inmate TRUJILLO, in reaching a decision on your appeal, your California Department of Corrections and Rehabilitation (CDCR) 602 and its attachments, applicable sections of the California Code of Regulations (CCR), Title 15, the Department Operations Manual (DOM), PBSP DOM Supplements, and your Thursday, February 9, 2017, interview with Mr. Cummings, SCEP (A), were reviewed and considered.

During your interview with Mr. Cummings, you verified the appeal issue and requested remedy. You were designated a Priority Legal User (PLU) on December 21, 2016, that expired on January 7, 2017. The CCR, Title 15, Section 3123(b), states in part: *Inmates on PLU status may receive a minimum of 4 hours per calendar week of requested physical law library access, as resources are available, and shall be given higher priority to the law library resources.* Inmates receive physical access to the law library dependent on their user status, PLU or GLU and also available resources, custody personnel, and the requirements of custodial security in accordance with the Title 15, Section 3270. SOMS appointment scheduling shows that you were scheduled for Law Library access on December 28, 2016, December 29, 2016, January 3, 2017, January 4, 2017, and January 5, 2017. Based on the fact that you were scheduled to attend Law Library, PBSP has not obstructed your access to the courts nor have you been denied access to the Law Library. Therefore, your request to have access to the courts by being given library access is **GRANTED**.

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 116 of 122

TRUJILLO, AA2974
Appeal Log # B-17-00012
Page 2

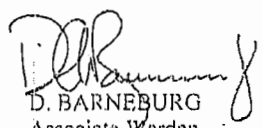
DETERMINATION OF ISSUE:

The First Level Review was comprehensive and your concerns were clearly addressed. Based on the information above, your appeal has been GRANTED. Your request that staff not obstruct your access to the courts by denying your access to the Law Library has been GRANTED.

If you are dissatisfied with this decision, you may appeal to the Second Level Review by following the directions on the front of your CDCR 602 form.


A. PEPHOT
Captain (Adult Institution)
Central Services


Date


D. BARNEBURG
Associate Warden
Central Services


Date

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 117 of 122



PELICAN BAY STATE PRISON
SECOND LEVEL REVIEW

DATE: APR 11 2017

Inmate TRUILLO, AA2974
Kern Valley State Prison
Short Term Housing Unit
Facility Z, Cell 122

RE: WARDEN'S LEVEL DECISION
APPEAL LOG NO. PBSP-B-17-00012

APPEAL: GRANTED
ISSUE: LEGAL

This matter was reviewed by C. E. Ducart, Warden, at Pelican Bay State Prison (PBSP). On February 9, 2017, J. Cummings, Supervisor of Correctional Education Programs (SCEP), conducted the interview at the First Level Review. All submitted documentation and supporting arguments have been considered.

ISSUES

On December 20, 2016, the inmate submitted a Priority Legal User (PLU) request for his legal deadline ending December 23, 2016. The inmate's request was granted on December 21, 2016, for PLU through January 7, 2017. The inmate alleges the law library violated his two day deadline in bad faith to have his action dismissed.

The inmate is requesting for staff to stop denying him access to the law library.

EFFECTIVE COMMUNICATION

The inmate has been identified with a disability or effective communication need. The inmate has a Test of Adult Basic Education score of 1.8. The inmate is a participant in the Mental Health Services Delivery System at the Correctional Clinical Case Management System level of care.

FINDINGS

First Level Review notes the inmate's PLU designation started on December 21, 2016, and expired on January 7, 2017. PLU designated inmates are allowed access to the law library based on their user status, available resources, custody personnel, and the requirements of custodial security in accordance with the California Code of Regulation (CCR), Title 15, Section 3271. Strategic Offender Monitoring System appointment scheduling shows the inmate was scheduled for law library access on December 28, 2016, December 29, 2016, January 3, 2017, January 4, 2017, and January 5, 2017. Based in the inmate being scheduled to attend law library no obstruction has occurred while at PBSP and the inmate's request was granted.

BA

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 118 of 122

Supplement Page 2
TRUJILLO, AA2974
Appeal # PBSP-U-17-00012

II

The inmate disagrees with the First Level Review as he contends D. Short, Captain, refuses to take full responsibility for the inmate being denied access to the law library.

DETERMINATION OF ISSUE

The CCR, Title 15, Section 3123, Access to Law Libraries, states in part, *(a) Physical law library access means physical entry into a facility law library for the purpose of using its legal resources. A facility law library includes, but is not limited to, a print law library or the Law Library Electronic Delivery System (LEEDS) with any necessary print supplements. (b) All inmates, regardless of their classification or housing status, shall be entitled to physical law library access that is sufficient to provide meaningful access to the courts. Inmates on PLU status may receive a minimum of four hours per calendar week of requested physical law library access, as resources are available, and shall be given higher priority to the law library resources. Inmates on GLU status may receive a minimum of two hours per calendar week of requested physical law library access, as resources are available.*


The CCR, Title 15, Section 3270, Rejection, General Policy, states, *The primary objectives of the correctional institutions are to protect the public by safely keeping persons committed to the custody of the Secretary of Corrections and Rehabilitation, and to afford such persons with every reasonable opportunity and encouragement to participate in rehabilitative activities. Consistent effort will be made to insure the security of the institution and the effectiveness of the treatment programs within the framework of security and safety. Each employee must be trained to understand how physical facilities, degree of custody classification, personnel, and operative procedures affect the maintenance of inmate custody and security. The requirement of custodial security and of staff, inmate and public safety must take precedence over all other considerations in the operation of all the programs and activities of the institutions of the department.*

A thorough review of this matter was conducted at the First and Second Level Review. The inmate's request for staff to stop denying him access to the law library is GRANTED. The appeal was granted at the First Level Review noting the dates made available for the inmate to attend law library. The inmate does not show how or articulate how he was denied access to the law library.

This appeal is GRANTED at the Second Level Review.

MODIFICATION ORDER

No modification of this decision or action taken is required.


C. E. DUCART
Warden

KWR DATE: 4/6/17

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 119 of 122

ATTACHMENT

Case 4:20-cv-02714-HSG Document 1 Filed 04/20/20 Page 120 of 122

①

3004. Rights and Respect of Others.

(c) Inmates and parolees have the right to be treated respectfully, impartially, and fairly by all employees. Inmates and parolees have the responsibility to treat others in the same manner. Employees and inmates may use first names in conversation with each other when it is mutually acceptable to both parties.

(b) inmates, parolees and employees will not openly display disrespect or contempt for others in any manner intended to or reasonably likely to disrupt orderly operations within the institutions or to incite or provoke violence.

(c) Inmates, parolees and employees will not subject other persons to any form of discrimination because of race, religion, nationality, sex, political belief, age, or physical or mental handicap.

HISTORY:

1. Amendment filed 2-24-77; effective thirtieth day thereafter (Register 77, No. 9).

(4)

3293. Polygraph Examinations.

(a) Polygraph examinations may be administered by departmental staff to inmates, parolees, and employees in the course of an investigation of official matters, under the following conditions:

(1) The examinee has, without coercion, signed a written statement of consent to the examination.

(2) The polygraph examiner is a Office of Correctional Safety staff member.

(3) The Assistant Secretary or designee, Office of Correctional Safety, has approved the examination.

(b) Polygraph examinations shall not be used as an alternative to regulatory requirements for determining a person's guilt or innocence of charges in disciplinary matters.

NOTE: Authority cited: Section 5058, Penal Code, Reference: Section 3307, Government Code; Section 5054, Penal Code; and *Long Beach City Employees' Association v. City of Long Beach* (1986) 41 Cal.3d 937, 227 Cal.Rptr. 90.

3401.5. Staff Sexual Misconduct.

- (a) For the purposes of this section, staff sexual misconduct means any sexual behavior by a departmental employee, volunteer, agent or individual working on behalf of the Department of Corrections and Rehabilitation, which involves or is directed toward an inmate or parolee. The legal concept of "consent" does not exist between departmental staff and inmates/parolees; any sexual behavior between them constitutes sexual misconduct and shall subject the employee to disciplinary action and/or to prosecution under the law. Sexual misconduct includes, but is not limited to:
- (1) Influencing or offering to influence an inmate's/parolee's safety, custody, housing, privileges, parole conditions or programming, or offering goods or services, in exchange for sexual favors; or
- (2) Threatening an inmate's/parolee's safety, custody, housing, privileges, work detail, parole conditions or programming because the inmate/parolee has refused to engage in sexual behavior; or
- (3) Engaging in sexual act(s) or contact, including:
- (A) Sexual intercourse; or
 - (B) Sodomy; or
 - (C) Oral Copulation; or
 - (D) Penetration of genital or anal openings by a foreign object, substance, instrument or device for the purpose of sexual arousal, gratification, or manipulation; or
 - (E) Rubbing or touching of the breasts or sexual organs of another or of oneself, in the presence of and with knowledge of another, for the purpose of sexual arousal, gratification, or manipulation; or
- (F) Invasion of privacy, beyond that reasonably necessary to maintain safety and security; or disrespectful, unduly familiar, or sexually threatening comments directed to, or within the hearing of, an inmate/parolee.
- (4) Display by staff, in the presence of an inmate, of the staff person's uncovered genitalia, buttocks, or breast;

CTIONS AND REHABILITATION**§ 3401.5**

- (5) Voyeurism by a staff person including volunteers or independent contractors. Voyeurism is defined as an invasion of privacy of an offender by staff for reasons unrelated to official duties.
- (b) Penalties: All allegations of staff sexual misconduct shall be subject to investigation, which may lead to disciplinary action and/or criminal prosecution.
- (c) Reporting Requirements. Any employee who observes, or who receives information from any source concerning staff sexual misconduct, shall immediately report the information or incident directly to the hiring authority, unit supervisor, or highest-ranking official on duty. Failure to accurately and promptly report any incident, information or facts which would lead a reasonable person to believe sexual misconduct has occurred may subject the employee who failed to report it to disciplinary action.
- (d) Confidentiality. Alleged victims who report criminal staff sexual misconduct falling into one of the Penal Code section set forth in Government Code Section 6254(f)(2) shall be advised that their identity may be kept confidential pursuant to Penal Code Section 293.5, upon their request.
- (e) Retaliation Against Employees. Retaliatory measures against employees who report incidents of staff sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, unwarranted denials of promotions, merit salary increases, training opportunities, or requested transfers; involuntary transfer to another location/position as a means of punishment; or unsubstantiated poor performance reports.
- (f) Retaliation Against Inmates/Parolees. Retaliatory measures against inmates/parolees who report incidents of staff sexual misconduct shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Such retaliatory measures include, but are not limited to, coercion, threats of punishment, or any other activities intended to discourage or prevent an inmate/parolee from reporting sexual misconduct.
- (g) Protection Measures. Multiple protection measures shall be considered to protect inmate victims who report staff sexual misconduct or cooperate with staff sexual misconduct investigations including but not limited to housing changes or transfers for inmate victims, removal of alleged staff from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting staff sexual misconduct or sexual harassment or for cooperating with investigations.

NOTE: Authority cited: Section 5058, Penal Code. Reference: Sections 289.6, 293.5 and 5054, Penal Code; and Section 6254, Government Code; and 28 CFR Section 115.67.

HISTORY:

1. New section filed 6-21-2000 as an emergency; operative 6-21-2000 (Register 2000, No. 25). Pursuant to Penal Code section 5058(e), a Certificate of Compliance must be transmitted to OAL by 11-28-2000 or emergency language will be repealed by operation of law on the following day.
2. Certificate of Compliance as to 6-21-2000 order transmitted to OAL 10-5-2000 and filed 11-6-2000 (Register 2000, No. 45).
3. Amendment of subsection (d) and repealer of subsection (g) filed 3-20-2002; operative 4-19-2002 (Register 2002, No. 12).
4. Change without regulatory effect amending subsection (a) filed 3-11-2013 pursuant to section 100, title 1, California Code of Regulations (Register 2013, No. 11).
5. Amendment of section heading and subsection (a), new subsections (a)-(5), amendment of subsections (b)-(f), new subsection (g) and amendment of Note filed 10-20-2016; operative 10-20-2016 pursuant to Government Code section 11343.4(b)(1) (Register 2016, No. 43).